LEON COUNTY PROPERTY APPRAISER
AGRICULTURAL CLASSIFICATION SUPPLEMENTAL QUESTIONNAIRE

FOR ALL NEW APPLICATIONS, THIS COMPLETED QUESTIONNAIRE, WITH SUPPORTING DOCUMENTATION REQUESTED, MUST BE RETURNED TO OUR OFFICE BY MARCH 1 TO ENSURE CONSIDERATION FOR AGRICULTURAL CLASSIFICATION FOR THAT YEAR. LEAVE NO SPACES BLANK. A FIELD INSPECTION WILL BE MADE PRIOR TO JULY 1 (F.S. 193.461 AND 195.022)

Applicant Name: _____

Mailing Address: _____

Parcel ID(s): _____

Was the property purchased with the primary intent of a "bona fide" commercial agriculture operation? Yes ☐ No: ☐

Has the property historically been utilized for commercial agriculture purposes. Yes: ☐ No: ☐ If "Yes" # of Yrs.: ____

Did the purchase price of the property include any of the following: Buildings: ☐ Livestock: ☐ Equipment: ☐

Do you or anyone else reside on this parcel of land? Yes: ☐ No: ☐ # of Homesite Acres: _____

Are there any dwellings, mobile homes, structures, etc. that are leased, rented or not utilized for the bone fide commercial agricultural operation on this parcel? Yes: ☐No: ☐ # of Acres: _____

Was the parcel utilized PRIMARILY for *bona fide commercial* agricultural purposes on or before January 1st? Yes: ☐ No: ▣
***According to Florida Statute 193.461(3)(b), the term 'bona fide agricultural purposes' means good faith commercial agricultural use of the land.* A "good faith commercial agricultural use" is defined as "The pursuit of an agricultural activity for a reasonable profit or at least upon a reasonable expectation of meeting investment cost and realizing a reasonable profit."**

Total Acres Applying For: _____ (*Only the area used for the bone fide commercial agriculture operation will be approved*)

Please provide a detailed description of the agricultural operation(s) as of January 1st:

_____

_____

_____

******Please provide current sales and expense receipts for the "bone fide" commercial agricultural operation. ******

Is the property leased* for Agricultural purposes? Yes: ☐ No: ☐
If "Yes" please provide the name and contact information for the lessee as well as a signed and fully executed copy of the lease.
****It should be noted, the lease must be for a monetary amount. "Free" leases or zero-dollar leases will not be considered.***

Is this parcel used in conjunction with any other parcel(s) for commercial agricultural purposes? Yes: ☐ No: ☐
*If "Yes" please provide parcel numbers: _____

Do you claim farm status with the Internal Revenue Service? Yes: ☐ No: ☐
If yes, please attach a copy of the most recent Schedule F or Form T. ***We may require a completed tax return per F.S. 193.461.***

Apiary/Bees:
Description of Apiary Operation: _____
# of Acres: _____ # of Hives: _____
*Please provide valid state registration, any certification(s) and inspection certificate(s) for the apiary operation.

Hay Production:
# of Acres (Hay Production): _____ Type of Hay: _____
**Please provide applicable sales receipts.*

Pasture/Grazing Land:
# of Acres (Pasture): _____ Livestock (Type and No): _____
**Please provide applicable sales receipts.*

Equestrian:
Is the property used for horse boarding or breeding operation? Yes: ☐ No: ☐ # of Acres: _____
**Please provide boarding contracts and/or breeding fee receipts.*

Timberlands:
# of Acres (Planted Pine): _____ # of Acres (Natural Growth Pines): _____ # of Acres (Mixed Hardwoods): _____ # of Acres (Non-Productive): _____
Do you have a timber management plan? Yes: ☐ No: ☐
If yes, attach a copy of the most recent timber management plan provided by a County or Private Forester.
If you do not have a current timber management plan, we will request you provide one for all timber parcels.

Orchards, Ornamentals/Nursery, Sod, or Cropland:
Type of Orchard, Ornamentals/Nursery, Sod, or Crops _____
# of Acres: _____
# of Acres (Other): _____ Describe: _____
**Please provide applicable sales receipts.*

Is your commercial agricultural product marketed? Yes: ☐ No: ☐ *Please provide any pertinent marketing information.*

I, the undersigned, do hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief.

_____ _____
Signature Date

_____
Daytime Phone