

BEGINNING FARMER APPLICATION

NAME:	DATE:
ADDRESS:	
EMAIL:	PHONE:
PROPERTY DESCRIPTION FOR TAX FREEZE:	

I, _____, certify that I have met the criteria set forth in SDCL 10-6-113 and SDCL 10-6-114 to qualify as a beginning farmer. I further understand that this tax freeze will be for the next five years and shall only apply to the land and not to any new buildings or structures which may be constructed upon such property during the period of the tax freeze and that this tax freeze is the maximum amount that will be paid in taxes each year for the next five years.

SIGNATURE DATE

FOR OFFICE USE:

PARCEL #:		
LEGAL DESCRIPTION:		
FIRST ASSESSMENT YEAR:	FIRST TAXES PAYABLE YEAR:	
PROPERTY TAXES FROZEN AT:	FROM:	TO:
RESOLUTION #:	COMMISSION APPROVED:	

RETURN TO: CHARLES MIX COUNTY – DIRECTOR OF EQUALIZATION – PO BOX 68 – LAKE ANDES, SD 57356