

JOSH GREEN, M.D.
Governor

SYLVIA LUKE
Lt. Governor



WENDY GADY
Executive Director

STATE OF HAWAII
AGRIBUSINESS DEVELOPMENT CORPORATION

HUI HO'OU LU AINA MAHIAI
235 S. Beretania Street, Room 205
Honolulu, HI 96813

EXPRESSION OF INTEREST

Note: For entries for more than one island or district, please submit separate forms. Please mail completed form to DBEDT.ADC@hawaii.gov.

I am interested in a license for agricultural land managed by the State of Hawaii, Agribusiness Development Corporation (ADC):

Location Desired: Island: _____ District: _____

Acres Desired: ☐ 5-10 ☐ 10-20 ☐ 20+ _____
(specify)

Type of Farming: ☐ Field Crops ☐ Flowers/Foliage ☐ Orchard
☐ Aquaculture ☐ Other _____

Agricultural Experience: No. of Years _____ Describe: _____

General Background Information:

Are you a citizen of the United States who has resided in Hawaii for at least three years, or a permanent-status alien who has resided in Hawaii for at least five (5) years? ☐ Yes ☐ No

Have you had a previous sale, lease, license, permit, or easement covering public lands canceled for failure to satisfy the terms and conditions in the last five (5) years? ☐ Yes ☐ No

Have you been in arrears in payment of taxes or other financial obligations to the State of Hawaii, or to any of its counties? ☐ Yes ☐ No If Yes, please explain:

THIS FORM IS AN EXPRESSION OF YOUR INTEREST IN AGRICULTURAL LANDS MANAGED BY ADC AND IS NOT AN APPLICATION FORM. ADC IS NOT OBLIGATED TO AWARD A LICENSE TO YOU AS A RESULT OF THIS SUBMITTAL. If you meet all three General Background requirements, your name will be placed on a revised Expression of Interest list. Should agricultural land become available within the area requested, we will send you a notice.

This form shall be effective for two years after its receipt. If you do not respond to the application request or do not re-file when it expires, your name will be withdrawn from the revised Expression of Interest list.

PLEASE PRINT OR TYPE

Name _____ Today's Date _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Primary Phone _____ Secondary Phone _____

DO NOT WRITE BELOW THIS LINE

Date Received _____ By _____