

STATE OF HAWAII
AGRIBUSINESS DEVELOPMENT CORPORATION (ADC)
LAND APPLICATION FORM—FOR NEW APPLICANTS

Please complete all questions and submit two copies of the completed application form, including all required attachments, to the Agribusiness Development Corporation, 235 S. Beretania St. Ste #205, Honolulu, HI 96813.

PART I

1. **TYPE OF REQUEST**

- Revocable Permit (month-to-month, renewable, must be reissued annually)
- License
- Lease (requires survey and county subdivision approval)

2. **IMPORTANT INFORMATION**

Applicant must be a citizen of the United States and have resided in the State of Hawaii for at least three (3) years; or, if you are not a citizen of the United States, you must be a permanent status alien who has resided in the State of Hawaii for at least five (5) years. Citizen of the U.S.: Yes___ No___

If not a citizen, what is your status: _____

Resident in the State of Hawaii since: _____
(month/year)

If you are a U.S citizen and have resided in the State of Hawaii for less than three (3) years or a permanent status alien and have resided in the State of Hawaii for less than five (5) years, you do not meet the eligibility requirement to hold a State of Hawaii agricultural license. STOP HERE, DO NOT COMPLETE THIS APPLICATION!

Are you currently 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, describe:

The applicant is being, or has been, displaced from other land on which they operate(d) an agribusiness. Yes___ No___

If yes, describe:

3. **APPLICANT**

A) Should a land disposition result from your application, the following information will be used in the preparation of the legal documents. Therefore, please include all applicable, full legal names and addresses, one for each person/entity (attach additional sheets as necessary).

Applicant name(s): _____

Mailing address: _____
No. and Street

City State Zip Code

Contact person: _____

Phone numbers: _____
Home Cellular Fax

E-mail _____

Signature: _____ **Date:** _____

4. Applicant intends to hold title to the lease/license as:

- | | |
|---|--|
| <u>Type of /Ownership (check one):</u> | <u>Tenancy (check one, if applicable)</u> |
| <input type="checkbox"/> Individual/Sole Proprietorship | <input type="checkbox"/> Tenant in Severalty |
| <input type="checkbox"/> Husband and Wife | <input type="checkbox"/> Joint Tenants |
| <input type="checkbox"/> Partnership* | <input type="checkbox"/> Tenants in Common |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Tenants by Entirety |
| <input type="checkbox"/> Association | |
| <input type="checkbox"/> Corporation* | |
| <input type="checkbox"/> Limited Liability Corporation* | |
| <input type="checkbox"/> Limited Liability Partnership* | |
| <input type="checkbox"/> Trust | |
| <input type="checkbox"/> Non-Profit Corporation* | |
| <input type="checkbox"/> Other (specify): _____ | |

*For partnership, corporation, or other entity, the State under whose laws the entity was formed: _____

Persons representing a trust, association, partnership, corporation, or any other entity must provide evidence that they are so authorized to act on behalf of said entity.

5. **AGENT**

If you have an attorney, consultant or other person processing this request for you, please include the following information:

Agent name: _____

Agent address: _____
No. and Street

City/State Zip Code

Phone numbers: _____
Work Home Cellular

Pager Fax E-mail address

6. **If Applicant is a partnership or joint venture, answer the following:**

1. Name, address, & percentage share owned by each partner or joint venture member:

<u>Name</u>	<u>Address</u>	<u>Share</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Date of Organization: _____
3. General or Limited Partnership (if applicable): _____
4. Recorded: Date: _____ County: _____ State: _____
5. Currently registered in Hawaii: Yes, as of: _____ No__

E. **If Applicant is a corporation, answer the following:**

1. Date incorporated: _____
2. State or country of incorporation: _____
3. Authorized to do business in Hawaii: Yes, as of: _____ No__
4. Provide the name, address, and shares of stock for each officer or director of the corporation (use additional sheets if necessary).

President: Name: _____
Address: _____
Number of stock shares: _____ Percentage of shares: _____

Vice Pres: Name: _____
Address: _____
Number of stock shares: _____ Percentage of shares: _____

Secretary: Name: _____
Address: _____
Number of stock shares: _____ Percentage of shares: _____

Treasurer: Name: _____
Address: _____
Number of stock shares: _____ Percentage of shares: _____

Other: Name: _____
Address: _____

Number of stock shares: _____ Percentage of shares: _____

5. Provide the name, address, and shares of stock for each member of the Corporation's Board of Directors (use additional sheets if necessary).

Name: _____

Address: _____

Number of stock shares: _____ Percentage of shares: _____

Name: _____

Address: _____

Number of stock shares: _____ Percentage of shares: _____

Name: _____

Address: _____

Number of stock shares: _____ Percentage of shares: _____

6. Provide the name, address, and shares of stock for each principal stockholder who is not named above ("Principal stockholder" means an individual holding 10% or more of the outstanding stock of the corporation.)

Name: _____

Address: _____

Number of stock shares: _____ Percentage of shares: _____

Name: _____

Address: _____

Number of stock shares: _____ Percentage of shares: _____

Name: _____

Address: _____

Number of stock shares: _____ Percentage of shares: _____

E. If Applicant is a Limited Liability Company (LLC), answer the following:

1. State or country of formation: _____

2. Date of formation: _____

3. Registered to do business in Hawaii: Yes, as of: _____ No _____

4. Member-managed or manager-managed? _____

Manager Name: _____

Address: _____

Percentage of ownership interest: _____

If the manager is an entity, describe the type of entity, where/when it was formed, and the entity's ownership and management (i.e. principal owners and their respective ownership interests, directors, officers, etc.)

G. Applicant must submit evidence (e.g., certified corporate resolutions) acceptable to the Executive Director, Agribusiness Development Corporation that Applicant is duly authorized to apply for the requested disposition of public land and, if the successful awardee, to enter into the lease. Applicant shall also identify the person(s) that will be authorized to submit an offer/bid on behalf of the Applicant at any public disposition.

H. If applying as an association, partnership, agricultural cooperative, corporation, or other entity, submit evidence that the organization is registered with the State Department of Commerce and Consumer Affairs and is authorized to do business in the State of Hawaii.

If a corporation or limited liability company, submit your Articles of Incorporation reflecting the date of filing, purpose of the organization, and the names of the stockholders, officers, and directors.

If an association, partnership, agricultural cooperative, or other entity, submit a copy of your Bylaws, Partnership Agreement, or other similar documents, as the case may be, and the names of the officers, directors and/or members.

I. List all State of Hawaii leases, permits, licenses, easements, sales, etc. to which Applicant has been a party to, including as a director, officer or shareholder.

<u>Doc. No.</u>	<u>Type of Agreement</u>	<u>Term of Agreement</u>
_____	_____	_____
_____	_____	_____

J. Attach tax clearances from both the State of Hawaii and the county in which the proposed land is situated. **(See APPENDIX C for more information.)**

K. Is the Applicant registered with the U.S. Securities and Exchange Commission (SEC) and been a publicly traded corporation for at least the last three years?
 Yes ___ No ___

If Yes, proceed directly to Part III of this Application and Qualification Questionnaire form. If No, complete all remaining questions.

4. **LOCATION AND AREA**

Island: _____

Project Name or Location: _____

Approximate acreage requested: _____

If your request pertains to a specific parcel, please specify below:

5. **USE**

Identify the specific uses intended.

PART II

1. **GENERAL INFORMATION**

- A. Are you 18 years of age or older? ____Yes ____No
- B. Have you, within the past five (5) years, had a previous sale, lease, license, permit or easement covering public lands cancelled for failure to satisfy the terms and conditions thereof? ____Yes ____No
- C. Do you owe any delinquent taxes or other obligations to the State or any of its counties? ____Yes ____No

2. **FARM STATUS**

Farming experience: No. of years: _____ Location: _____

Describe type of farming or crop(s): _____

More than five (5) years farming experience highly preferred.

Do you currently rent land for agricultural use from the State of Hawaii? Yes ____ No ____

If Yes, what type of agreement? Revocable Permit ____ License ____ Lease ____

Location: _____ Department: _____

Acreage: _____ Use: _____

Effective Date: _____ Expiration Date: _____

3. **EDUCATION AND TRAINING**

List educational, vocational or other training you have received which relates to your qualifications and experience to successfully operate your farm. Attach evidence of graduation from college, if applicable.

Name & Location of School (and Name of Person, if applicable)	Field of Study	Degree Type	Date Recv'd

4. **AGRICULTURAL EXPERIENCE AND QUALIFICATIONS**

- A. In chronological order starting with your most current experience, briefly describe your farming/ranching experience and business experience (management, financial and marketing) as it relates to the land intended to be bid on. For partnerships, joint ventures, corporations, or other entities, include both experience of business entity itself as well as experience of principals or managers. **If preferred, you may submit a resume. Copy and attach additional sheets as needed.**

Attach at least two (2) reference letters from people who are not related to you, verifying agricultural background.

Business Name: Address/Phone:	From: Month Year
Name & Title of Supervisor: Your Position:	To: Month Year
Commodity Produced:	Full-time ()
Size of Operations (no. of employees, acres):	Part-time ()
Duties & Responsibilities:	Average hours worked per week:

Business Name: Address/Phone: Name & Title of Supervisor: Your Position: Commodity Produced: Size of Operations (no. of employees, acres): Duties & Responsibilities:	From: Month Year To: Month Year Full-time () Part-time () Average hours worked per week:
Business Name: Address/Phone: Name & Title of Supervisor: Your Position: Commodity Produced: Size of Operations (no. of employees, acres): Duties & Responsibilities:	From: Month Year To: Month Year Full-time () Part-time () Average hours worked per week:

B. Has the Applicant, for a substantial period of the individual's adult life, resided on a farm and depended on farm income for a livelihood? Yes___ No___ If Yes, explain. (Include the number of years, location, income, etc.)

C. Has the Applicant received a commitment for a loan under the Bankhead-Jones Farm Tenant Act for the acquisition of a farm? Yes___ No___ If Yes, attach a copy of executed loan document or notification letter.

D. Does the Applicant possess other qualifications such as, Food Safety, Good Agricultural Practices, and/or Worker Safety Protection certification? Yes___ No___ If Yes, briefly describe any other information which you may consider pertinent to assessing your qualifications and experience.

PART III

1. PRELIMINARY PLAN OF UTILIZATION AND DEVELOPMENT

Submit a land development/utilization plan showing the exterior boundaries of the land being applied for, including but not limited to type of crop, cultivatable acres, waste areas and contributory lands, field roads, field ditches, drip irrigation systems, etc. The plan must include diagrams and/or discussion regarding timeframes within which the applicant will develop and/or use all of the arable acreage being requested. **The projection must show a minimum of the first five years of the requested term.**

2. BUSINESS PLAN

Submit a business plan to show how you will run your agribusiness. The plan should include the following elements: executive summary, company description, industry or market analysis (to include target market and competition), sales/marketing plan, operations plan, organization and management, development plan, financial plan, (must include cash flow projections for 5 years or one crop rotation, whichever is greater) and relevant attachments. You may use the Cash Flow Projection worksheet in APPENDIX B.

PART IV

1. FINANCIAL CAPACITY

All applicants must attach the following:

- A. **Federal income tax returns** for the most recent 3 years.
- B. At least one (1) **credit reference letter** from a bank or other financial institution with which you do business regularly.
- C. If applying as a corporation, attach **financial statements** (current balance sheet and income/expense statement) for the most recent 3 years. If your corporation is less than 3 years old, please attach personal financial statement from each principal stockholder so that a minimum of three consecutive years of statements are submitted.
- D. Submit **tax clearances** from the State of Hawaii, Department of Taxation.
- E. Submit a copy of your **General Excise Tax License**, if any.
- F. Attach a Cash Flow Projection. You must show **all** income and expenses applicable to your business for a five-year period or one crop rotation, whichever is greater. **APPENDIX B** provides a form that you may use.
- G. For questions 1-7 below: 1) If applying as an individual, husband and wife, sole proprietorship or partnership, "you" refers to all individuals involved, including all partners, and 2) if applying as a corporation or joint venture, "you" refers to the entity itself and any director, officer or major stockholder or limited liability company member or manager.

1) Are there any outstanding judgments against you? Yes___ No___

If Yes, explain: _____

2) Have you filed bankruptcy within the past seven years? Yes___ No___

3) Have you had property foreclosed upon or given title or deed in lieu thereof in the last seven years? Yes___ No___

4) Are you currently a party in any legal action? Yes___ No___

If Yes, explain: _____

5) Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?

Yes___ No___ If Yes, explain: _____

6) Are you presently delinquent or in default on any Federal, State or County rent, debt or any other load, mortgage, financial obligation, bond, or loan guarantee?

Yes___ No___ If Yes, explain: _____

2. CRIMINAL CONVICTIONS

Have you ever been convicted of the crime of cruelty to animals and/or have you been convicted of a violation of law? Yes___ No___

If Yes, explain: _____

PART V

CERTIFICATION

I/We hereby certify that the statements and information contained in this application, including all attachments, are true and accurate to the best of my/our knowledge and understand that if any statements are shown to be false or misrepresented, this application may be rejected or my/our permit, lease, or license agreement may be cancelled.

I/We will comply with all applicable federal, state, and county zoning, environmental and permitting laws and regulations (e.g., State Land Use classification, Special Management Area, County General Plan, Office of Environmental Quality Control, etc.)

I/We are responsible for paying processing fees. If granted a disposition, I/we will be required to obtain insurance, among other requirements.

Print Name

Signature

Print Name

Signature

STATE OF HAWAII)
) SS.
COUNTY OF)

On this _____ day of _____, 20____, before me personally appeared _____, to me known to be the person described in and who executed the foregoing instruction and acknowledged that he executed the same as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public, State of Hawaii

My commission expires: _____

For ADC use only
Date Received:

NOTARY CERTIFICATE STATE OF HAWAII
Doc. Description/ID: _____

Notary Name: _____ Circuit

Notary Signature Cert. Date

**APPENDIX B
 STATE OF HAWAII
 AGRIBUSINESS DEVELOPMENT CORPORATION**

CASH FLOW PROJECTION FORM
 Agricultural/Pasture Licenses

Name of Applicant:	Item No.:				
	Year 1	Year 2	Year 3	Year 4	Year 5
Income:					
Initial capitalization					
Sales					
Loans					
Line of Credit					
Cash					
Other					
Total Income					
Expenses:					
Labor					
Salaries					
Employee benefit programs					
Pension & profit-sharing plans					
Custom hire (labor, machinery)					
Materials					
Livestock					
Farm supplies (fertilizer, pesticides, etc.)					
Irrigation supplies					
Machinery & Equipment					
Car and truck expenses					
Gasoline; fuel expenses					
Rent payments					
Repairs and maintenance					
Overhead					
Lease rent (land)					
Utilities					
Insurance					
Marketing					
Storage and warehousing					
Taxes (property, income, GTE)					
Interest expense					
Land Clearing/Preparation					
Soil Conservation Plan					
Total Expenses					
Net Cash Flow					

APPENDIX C TAX CLEARANCE INFORMATION

Applicants must submit State and County tax clearance certificates within the timeframe specified in the Public Auction Bid Packet.

Original or certified copies of tax clearance certificates issued by (i) the Hawaii State Department of Taxation; and (ii) the County in which the subject property is located (pertaining to property taxes, special assessments or other County obligations) must be submitted with this application for the Applicant and all affiliated entities. "Affiliated entities" is defined as any entity having more than fifty percent (50%) interest in the bidding entity; any company more than fifty percent (50%) owned by a company having more than fifty percent (50%) interest in the bidding entity; or any entity in which the bidding entity has more than fifty percent (50%) interest. The bidder shall be responsible for obtaining the verifications for all affiliated companies.

The tax clearances must be valid on any date between the advertisement date and any date thereafter up to the date the lease is executed.

For information on obtaining State tax clearances, go to the State Department of Taxation website: <http://www.state.hi.us/tax/current/a6.pdf> or contact them at:

- Oahu District Tax Office
830 Punchbowl Street, Post Office Box 259, Honolulu, Hawaii 96809-0259
Telephone: (808)-587-4242; Toll-Free 1 (800) 222-3229

- Hawaii District Tax Office
75 Aupuni Street, Post Office Box 833, Hilo, Hawaii 96721-0833
Telephone: (88) 974-6321

- Maui District Tax Office
54 South High Street, Post Office Box 1169, Wailuku, Hawaii 96793-1169
Telephone: (808) 984-8511

- Kauai District Tax Office
3060 Eiwa Street, #105, Lihue, Hawaii 96766-1889
Telephone: (808) 274-3403

For information on obtaining County tax clearances, contact:

- City & County of Honolulu
City Hall, Treasury Office, Room 115
530 South King Street, Honolulu, Hawaii 96813
Telephone: (808) 523-4856 (forms can be mailed or emailed to you)

- County of Hawaii
Real Property Tax Office/Collections Division
Aupuni Center, 101 Pauahi Street, Suite 4, Hilo, Hawaii 96720
Telephone: (808) 961-8282; Facsimile (808) 961-8415

- County of Maui
Real Property Tax Division
70 E Kaahumanu Avenue, Suite A-16, Kahului, Hawaii 96732
Telephone (808) 270-7697

- County of Kauai
Real Property Tax Collection
4444 Rice Street, Suite 463, Lihue, Hawaii 96766
Telephone: (808) 241-6555