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. Room #205, Honolulu, HI 96813.

PART I

1.	TYPE OF REQUES	<u>r</u>			
	() License	and the transfer of the control of	n, renewable, must k	pe reissued annually)	
2.	IMPORTANT INFO	RMATION			
	Hawaii for at least	three (3) years; o nanent status alid Citizen of the U	r, if you are not a c en who has resided	ive resided in the State itizen of the United Sta I in the State of Hawaii —	ates,
	Resident in the State	e of Hawaii since:	* = 1		
	years or a permane than five (5) years,	zen and have res ent status alien a you do not meet	nd have resided in the eligibility requi	f Hawaii for less than t the State of Hawaii for rement to hold a State IPLETE THIS APPLIC	less of
3.	<u>APPLICANT</u>				
	will be used in the p	reparation of the le names and addre	gal documents. The	on, the following informa erefore, please include g erson/entity (attach add	<u>all</u>
	Applicant name(s):		3		_
	Mailing address:	No. and Street			_
	Contact person:	City	State	Zip Code	-
	Hara-to-virineerica de virineerica case cerces	1)			_
	Phone numbers:	Home	Cellular	Fax	_
		E-mail			
	Signature:			Date:	
	and the second s			A CHARLEST II	

B) Appli	cant intends t	to hold title to the	lease/license as:	
() Ir () H () P () A () C () Li () T () N	on-Profit Corpo	Proprietorship ife Corporation* Partnership*	()Joint 1 ()Tenan ()Tenan	t in Severalty
	ship, corporat		y, the State under	whose laws the entity was
			partnership, corpor horized to act on b	ation, or any other entity ehalf of said entity.
C. AGE	<u>NT</u>			
		onsultant or othering information:	person processino	this request for you,
Agent name:	<u></u>			
Agent addre	No. a	and Street	¥.	
	City/s	State	Zip Code	
Phone numb	ers:		Home	Cellular
	Page	r	Fax	E-mail address
D. If Ap 1.		ress, & percentag	<u>int venture,</u> answe ge share owned by	er the following: each partner or joint
<u>Name</u>	venture me	Address		Share
y				
2.	Date of Orc			
3.	mondation near agreem			 ;
4.			_ County:	

3 of 14	5.	Curre	ently registered in Hawaii: Y	es, as of:	No					
E.	If Ann	licant	is a <u>corporation</u> , answer th	e following:						
∟.	. 7.2									
		 Date incorporated: State or country of incorporation: 								
	3.		prized to do business in Hawa							
			de the name, address, and sl	Section 1	ALTERNATION AUGMENTALISMEN HERE WAS ALTERNATION					
	4.		e corporation (use additional s							
	Presid	ent:	Name:							
			Address:							
			Number of stock shares: _	Percen	tage of shares:					
	Vice F	res:	Name:		l'					
			Address:							
			Number of stock shares: _	Percen	tage of shares:					
	Secre	tary:	Name:							
			Address:							
			Number of stock shares: _	Percen	tage of shares:					
	<u>Treas</u>	<u>urer</u> :	Name:							
			Address:							
			Number of stock shares: _	Percen	tage of shares:					
	Other	<u>:</u>	Name:							
			Address:							
			Number of stock shares: _	Percer	tage of shares:					
	5.	Prov	ide the name, address, and s	hares of stock for	each member of the					

Address:

Number of stock shares: _____ Percentage of shares: _____

Name: _____

		Number of stock shares:	Percentage of shares:
		Name:	
		Address:	
		Number of stock shares:	
	6.	Provide the name, address, and shares of stockholder who is not named above ("Pr individual holding 10% or more of the out	incipal stockholder" means an
		Name:	
		Address:	
		Number of stock shares:	
		Name:	
		Address:	
		Number of stock shares:	
		Name:	
		Address:	
		Number of stock shares:	Percentage of shares:
E.	If Ap	oplicant is a <u>Limited Liability Company (L</u>	LC), answer the following:
	1.	State or country of formation:	
	2.	Date of formation:	
	3.	Registered to do business in Hawaii: Ye	
	4.	Member-managed or manager-managed	?
		Manager Name:	
		Address:	
		Percentage of ownership interest:	
		If the manager is an entity, describit was formed, and the entity's own principal owners and their respect 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.

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	other ent Departme	ity, submit evidence that the organiz	ricultural cooperative, corporation, or zation is registered with the State fairs and is authorized to do business						
	reflecting	oration or limited liability company, s the date of filing, purpose of the org ders, officers, and directors.							
	copy of y	ociation, partnership, agricultural co- our Bylaws, Partnership Agreement by be, and the names of the officers,	t, or other similar documents, as the						
Î.		ate of Hawaii leases, permits, licens t has been a party to, including as a	ses, easements, sales, etc. to which director, officer or shareholder.						
<u>Doc. 1</u>	<u>10</u> .	Type of Agreement	Term of Agreement						
			Parallel Agency and Agency and Agency						
J.		x clearances from both the State of land is situated. (See APPENDIX							
K.	(SEC) ar	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, pr Question	roceed directly to Part III of this Appl maire form. If No, complete all rema	lication and Qualification aining questions.						
LOCA	TION ANI	O AREA							
LOCA		<u>D AREA</u>							
Island		D AREA Location:							
Island	: ct Name or								
Island Project Appro	: ct Name or ximate acr	Location:							
Island Project Appro	: ct Name or ximate acr	Location:							
Island Project Appro	: ct Name or ximate acr	Location:							

PART II

1.	<u>GENE</u>	RAL INFORMATION				
	A.	Are you 18 years of age or older?YesNo				
	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?YesNo				
	C.	Do you owe any delinquent taxes or other obligations to the State or any of its counties?YesNo				
2.	FARM	STATUS				
	Farmir	ng experience: No. of years: Location:				
	Describe type of farming or crop(s):					
If you have less than five (5) years farming experience, you do not meet the eligibility requirement. STOP HERE, DO NOT COMPLETE THIS APPLICATION						
	Do you	u currently rent land for agricultural use from the State of Hawaii? Yes No				
	If Yes,	what type of agreement? Revocable Permit License Lease				
	Location	on: Department:				
	Acreag	ge: Use:				
	Effectiv	ve 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
		1	
1.00			, F
1 1 10			

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

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Business Name:	From:
Address/Phone:	Month Year
	SUCCESSION SA SUPPLIES
Name & Title of Supervisor:	То:
Your Position:	Month Year
Commodity Produced:	Full-time ()
Size of Operations (no. of employees, acres):	Part-time ()
Duties & Responsibilities:	Average hours worked per week:
Business Name	Eropa:
Business Name: Address/Phone:	From: Month Year
Address/Priorie.	Worth rear
Name & Title of Supervisor:	To:
Your Position:	Month Year
Commodity Produced:	Full-time ()
Size of Operations (no. of employees, acres):	Part-time ()
size of operations (no. of employees, acres).	rait-time ()
Duties & Responsibilities:	Average hours worked per week:
explain. (Include the number of years, location, income, etc.)	¥
C. Has the Applicant received a commitment for a loan under the Farm Tenant Act for the acquisition of a farm? Yes No of executed loan document or notification letter.	
D. Does the Applicant possess other qualifications such as, Foo Agricultural Practices, and/or Worker Safety Protection certification? If Yes, briefly describe any other information which you may conside assessing your qualifications and experience.	Yes No

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.	F	11	V	11	1C	IAL	CA	P	Α	С	ΙT	Υ

All applicants must a	attach the	following
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- 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 <u>all</u> 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	s, 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	s, 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:

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	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)
	, 20, before me personally appeared o me known to be the person described in and who
executed the foregoing instruction free act and deed.	nd acknowledged that he executed the same as his
IN WITNESS WHEREOF, I	ave hereunto set my hand and official seal.
	Notary Public, State of Hawaii
	My commission expires:
For ADC use only	NOTARY CERTIFICATE STATE OF HAW
Date Received:	Notary Name: Cir
	Notary Signature Cert F

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:	(0)	160			
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		1.			
Storage and warehousing					
Taxes (property, income, GTE)					
Interest expense					
Land Clearing/Preparation	3				
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 <u>State</u> 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