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>5T</u>			
	() License	•	nth, renewable, must but the subdivision approversity subdivision approversity.	•	
2.	IMPORTANT INFO	RMATION			
	Hawaii for at least you must be a per least five (5) years	three (3) years; manent status a . Citizen of the	United States and ha or, if you are not a ci lien who has resided U.S.: Yes No_	tizen of the United in the State of Haw	States,
	Resident in the Stat	e of Hawaii since	:(month/year)	_	
	If you are a U.S cit years or a perman than five (5) years,	izen and have re ent status alien , you do not mee	esided in the State of and have resided in et the eligibility requi HERE, DO NOT COM	Hawaii for less tha the State of Hawaii rement to hold a St	for less ` ´ate of
3.	<u>APPLICANT</u>				
	will be used in the p	reparation of the names and add	ult from your application legal documents. The resses, one for each p	erefore, please includ	le <u>all</u>
	Applicant name(s):				
	Mailing address:	No. and Street			
	Contact person:	City	State	Zip Code	
	Phone numbers:	Home	 Cellular	Fax	
		E-mail		_	
	Signature [.]			Date [.]	

B) Appli	cant inte	ends to hold title to t	he lease/licens	e as:	
() In () H () P () Jo () A () C () Li () T () N	dividual/s usband a artnership pint Ventu ssociation orporatio imited Lia imited Lia rust	o* ure n n* ubility Corporation* ubility Partnership* Corporation*	()	heck one, if app Tenant in Seve Joint Tenants Tenants in Cor Tenants by En	eralty
•	•	poration, or other e	ntity, the State	under whose I	aws the entity was
		g a trust, association be that they are so a			
C. <u>AGE</u>	<u>NT</u>				
		ey, consultant or otl llowing information:		cessing this re	quest for you,
Agent name	:				
Agent address:		No. and Street			
		City/State	Zip	Code	
Phone numb	ers:	Work	Home	Cellular	
		Pager	Fax	E-mail ac	ddress
D. If Ap 1.	Name	is a <u>partnership</u> or , address, & percen re member:			
<u>Name</u>		<u>Address</u>		<u> </u>	<u>Share</u>
2.		of Organization:			
3.				•	01-1
4.	Recor	ded: Date:	County: _		State:

5. Cur	rently registered in Hawaii: Yes, a	as of: No
If Applicar	et is a <u>corporation,</u> answer the fo	llowing:
	e incorporated:	•
2. Sta	e or country of incorporation:	
3. Aut	norized to do business in Hawaii:	Yes, as of: No_
	vide the name, address, and share ne corporation (use additional shee	
President:	Name:	_
	Address:	
	Number of stock 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:
	vide the name, address, and share poration's Board of Directors (use a	
	Name:	
	Address:	
	Number of stock shares:	
	Name:	
	Address:	

		Number of stock shares:	Percentage of shares:
		Name:	
			Percentage of shares:
	6.	Provide the name, address, and share stockholder who is not named above (individual holding 10% or more of the	"Principal stockholder" means an
		Name:	
		Address:	
			Percentage of shares:
		Name:	
			Percentage of shares:
		Name:	
			Percentage of shares:
E.	If Ap	oplicant is a <u>Limited Liability Company</u>	(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-manag	ed?
		Manager Name:	
		Address:	
		Percentage of ownership interest	est:
		it was formed, and the entity's	cribe the type of entity, where/when ownership and management (i.e. ective ownership interests, directors,

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.

4.

5.

H.	If applying as an association, partnership, agricultural cooperative, corporation, other entity, submit evidence that the organization is registered with the State Department of Commerce and Consumer Affairs and is authorized to do busine 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.			
	copy of your l	Bylaws, Partnership Agreem	cooperative, or other entity, submit a ent, or other similar documents, as the s, directors and/or members.	
l.			enses, easements, sales, etc. to which s a director, officer or shareholder.	
Doc. N	<u>No</u> .	Type of Agreement	Term of Agreement	
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.			
LOCATION AND AREA				
Island	:			
Projec	t Name or Loc	ation:		
Appro	ximate acreage	e requested:		
If your	If your request pertains to a specific parcel, please specify below:			
<u>USE</u>				
Identif	y the specific u	ises intended.		

PART II

1. GENERAL INFORMATION						
	A.	Are you 18 years of age or old	ler?YesNo			
	B.		(5) years, had a previous sale, lease, license, bublic lands cancelled for failure to satisfy the termsYesNo			
	C.	Do you owe any delinquent tax counties?YesN	xes or other obligations to the State or any of its			
2.	FAR	FARM STATUS				
	Farn	ming experience: No. of years:	Location:			
	Des	Describe type of farming or crop(s):				
	Mor	More than five (5) years farming experience highly preferred.				
	Do y	Do you currently rent land for agricultural use from the State of Hawaii? Yes No				
	If Ye	If Yes, what type of agreement? Revocable Permit License Lease				
	Loca	ation:	Department:			
	Acre	eage: Use:				
	Effe	ctive 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. <u>AGRICULTURAL EXPERIENCE AND QUALIFICATIONS</u>

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 we week:	orked per

Business Name:	From:
Address/Phone:	Month Year
	_
Name & Title of Supervisor:	To:
Your Position:	Month Year
Commodity Produced: Size of Operations (no. of employees, acres):	Full-time () Part-time ()
Size of Operations (no. of employees, acres).	
Duties & Responsibilities:	Average hours worked per week:
	_
Business Name:	From:
Address/Phone:	Month Year
News O. Title of O. and income	-
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:
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 consider assessing your qualifications and experience. 	If Yes, attach a copy od Safety, Good O 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. 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.

Yes___ No___ If Yes, explain: _____

- 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,	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?		

	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 CO	<u>ONVICTIONS</u>
	•	er been convicted of the crime of cruelty to animals and/or have you been a violation of law? Yes No
	If Yes, explair	າ:

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)) S COUNTY OF)	SS.
, to mexecuted the foregoing instruction and a free act and deed.	, 20, before me personally appeared e known to be the person described in and who acknowledged that he executed the same as his e hereunto set my hand and official seal.
	Notary Public, State of Hawaii
	My commission expires:
For ADC use only	NOTARY CERTIFICATE STATE OF HAWAII
Date Received:	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		1			1

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