AGRICULTURE DEVELOPMENT CORPORATION
ADC Licensing Program
235 South Beretania Street, Room 205
Honolulu, HI 96813
Phone: 808-586-0186
Fax: 808-586-0189
Email: HDOA.ADC@hawaii.gov

EXPRESSION OF INTEREST

Note: For entries on more than one island/district, this form may be photocopied.

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

Location Desired: Island: ___________________ District: ___________________

Acres (check one): □ 5 to 10 □ 10 to 20 □ More than 20 (Specify)

Type of farming (check one) □ Field Crops □ Flowers/Foliage □ Orchard
□ Aquaculture □ Other (Specify)

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 years? Yes____ No____

If Yes, please explain ______________________________________________________

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 THE ADC LICENSING PROGRAM AND NOT AN “APPLICATION FORM”. THE 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 If you do not respond to the application request or do not re-file when it expires, your name will be withdrawn from the revised Expression of Interest list.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: _____________

E-Mail Address: ___________________________

Telephone Number(s): Work: ___________ Home: ___________ Cell: ___________

DO NOT WRITE BELOW THIS LINE

Date Received: ____________________________ By: ____________________________