JOSH GREEN, M.D. GOVERNOR STATE OF HAWAII Ke Kia'āina o ka Moku'āina 'o Hawai'i

SYLVIA J. LUKE LT. GOVERNOR STATE OF HAWAII Ka Hope Kiaʻāina o ka Mokuʻāina 'o Hawai'i



KALI WATSON CHAIRPERSON, HHC Ka Luna Hoʻokele

KATIE L. DUCATT DEPUTY TO THE CHAIR Ka Hope Luna Ho'okele

STATE OF HAWAII DEPARTMENT OF HAWAIIAN HOME LANDS

Ka 'Oihana 'Āina Ho 'opulapula Hawai 'i P. O. BOX 1879 HONOLULU, HAWAII 96805

LAND REQUEST APPLICATION FOR NON-HOMESTEADING PURPOSES

PART I: APPLICANT INFORMATION			
Name:			
Address:			
Phone No.:	Cell:	email:	
☐ Requesting Organiza	ntion is For Profit - Individ	ual or Business	
Individual	☐ Sole Proprietorship ☐ Partnership		
Corporation	☐ Limited Liability Corporation ☐ Other		
Is an Individual HHC	CA Beneficiary or is Owned	d by an HHCA Beneficiary 🗌 Yes 🔲 No	
Requesting Organiza	ntion is a Government Agei	ncy	
Federal	State	County	
Officers and/or Princing	l Renresentatives.		
omeers und or rimerpu			
Mission of Organization	:		
Date Incorporated:	State of Incorpo	oration:	
Date Incorporated:	State of Incorpo		
Date Incorporated: Federal Tax ID#:	State of Incorpo	oration: x ID#:	
Date Incorporated: Federal Tax ID#: PART 2: NON-HOME	State of Incorpo State Ta	oration: x ID#:	
Date Incorporated: Federal Tax ID#: PART 2: NON-HOME	State of Incorpo State Ta	pration:x ID#:	
Date Incorporated: Federal Tax ID#: PART 2: NON-HOME	State of Incorpo State Tai STEADING LAND USE Romesteading land use envisio	pration:x ID#:	
Date Incorporated: Federal Tax ID#: PART 2: NON-HOME Describe proposed non-ho *Please attach additional inform	State of Incorpo State Tai STEADING LAND USE Romesteading land use envisio	pration: x ID#: REQUEST oned under this request as submitted	
Date Incorporated: Federal Tax ID#: PART 2: NON-HOME Describe proposed non-ho *Please attach additional inform Land Area requested: A	State of Incorpo State Ta STEADING LAND USE Representation if necessary	pration: x ID#: REQUEST oned under this request as submitted Term:	
Date Incorporated: Federal Tax ID#: PART 2: NON-HOME Describe proposed non-ho *Please attach additional inform Land Area requested: A	State of Incorpo State Tai STEADING LAND USE Remesteading land use envision mation if necessary screage/Sq.Ft. Tax Map Key No.:	pration: x ID#: REQUEST oned under this request as submitted Term:	
Date Incorporated: Federal Tax ID#: PART 2: NON-HOME Describe proposed non-ho *Please attach additional inform Land Area requested: A Island:	State of Incorpo State Tai STEADING LAND USE Remesteading land use envision mation if necessary screage/Sq.Ft. Tax Map Key No.:	pration: x ID#: REQUEST oned under this request as submitted Term:	

Does applicant have any existing land disposition issued by H use purposes? Yes No	lawaiian home lands for non-homesteading
If yes, under what type of use and disposition:	
Describe how proposed land use will have direct or indirect be (Applicants & Lessees):	
The following authorized representative submits this request form homesteading purposes and acknowledges that: 1. This application does not constitute any form of DHHL apprequest as submitted; 2. This is an application process that will be subject to further DHHL and may require additional information to be submitted; 3. In the best interest of the trust, DHHL reserves the right to in accordance with the Hawaiian Homes Commission Act 220.5, Section 207(c), Hawaii Revised Statutes, Chapter 1 Administrative Rules, Title 10; 4. Associated non-refundable processing and documentation disposition request as follows: Revocable Permit - \$100.00 License - \$200.00 General Le	for use of Hawaiian home lands under non- oproval to this non-homestead land use er review, evaluation and consideration by nitted; o exercise its prudent authority pursuant to and a (Section III, Section 204(a)(2), Section 171, as amended and the Hawaii
Print Individual or Organization Name	Date
Authorized Representative Name & Title	Signature