

INDIVIDUAL

**AGRICULTURAL LICENSE**  
**APPLICATION FORM**

NAME: \_\_\_\_\_

Social Security No. or Tax Payer ID No. \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Interested in Licensing Land:

Number of Acres: \_\_\_\_\_ Use / Crop: \_\_\_\_\_

Specific Needs: \_\_\_\_\_

Previous Experience in Agriculture:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Length of Hawaii Residency: \_\_\_\_\_ years

Professional References (non-family member):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Everything you have stated in this application is to the best of your knowledge. You understand that W.H. Shipman, Ltd., (WHS) will retain this application whether or not it is approved. You authorize WHS, both now and in the future, to check your credit history and to answer questions about WHS's credit experience with you. By signing below, you agree with all of the above.

X \_\_\_\_\_  
Applicant Signature

Received By: \_\_\_\_\_  
Date: \_\_\_\_\_



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