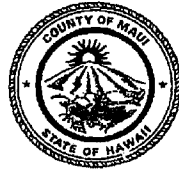


ALAN M. ARAKAWA  
Mayor



DAVID TAYLOR, P.E.  
Director

GLADYS C. BAISA  
Deputy Director

RECEIVED  
2017 JUL 13 AM 11:49

OFFICE OF THE MAYOR


DEPARTMENT OF WATER SUPPLY  
COUNTY OF MAUI  
200 SOUTH HIGH STREET  
WAILUKU, MAUI, HAWAII 96793-2155  
www.mauiwater.org

July 13, 2017

Honorable Alan Arakawa  
Mayor, County of Maui  
200 South High Street  
Wailuku, HI 96793

For Transmittal to:

Honorable Yuki Lei Sugimura, Chair  
Policy, Economic Development, and  
Agriculture Committee  
Maui County Council  
200 South High Street  
Wailuku, HI 96793

APPROVED FOR TRANSMITTAL  
  
Mayor Date

Dear Chair Sugimura:

SUBJECT: ONE FARM PLAN PEA-37

Attached please find a sample copy of the Ag Application Inspection Form and required documentation to the Application.

Please feel free to call me at 270-7816 if you have any questions.

Very truly yours,



DAVID TAYLOR, P.E.  
Director

DT/hhk  
Attachment

*"By Water All Things Find Life"*

APPLICATION NO. 2605

## AG APPLICATION INSPECTION FORM

Name of Applicant \_\_\_\_\_  
Water Account No. \_\_\_\_\_  
Service Location Pulehu Rd . Kula  
Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Customer requests you call before inspection: Yes  No   
Customer requests to be present: Yes  No   
Customer reports they have 1.2 (acreage) under cultivation.  
Customer certifies they are actively engaged in a commercial  
business raising: Bananas, avocs, cherries, plums, Koa

.....  
*Inspector to fill out bottom portion of this form.*

Inspection was done on (date) \_\_\_\_\_.

Approval Recommended: Yes  No

If yes please complete following:

1. Area of property found being used for commercial activity: \_\_\_\_\_
2. Type of crop or animals found on this property: \_\_\_\_\_
3. Number of structures found on this property:  
Houses \_\_\_\_\_ Cottages \_\_\_\_\_ Barns \_\_\_\_\_ Sheds \_\_\_\_\_ Others \_\_\_\_\_

If denied, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Inspector \_\_\_\_\_ Date \_\_\_\_\_

APP# 2605

DEPARTMENT OF WATER SUPPLY  
COUNTY OF MAUI

200 So. High Street  
WAILUKU, MAUI, HAWAII 96793-2155  
TELEPHONE (808) 270-7730 FAX (808) 270-7136  
AGRICULTURAL RATES

In accordance with the provisions of the Department of Water Supply, County of Maui, amended Ordinance No. 3759, Bill No. 47 (2010), Article 1, Title 14, Maui County Code, I hereby apply for the Agricultural Rate for all water used each billing period through the below described water service. I understand that information submitted as part of this application is protected from disclosure under State Statute.

MAILING?

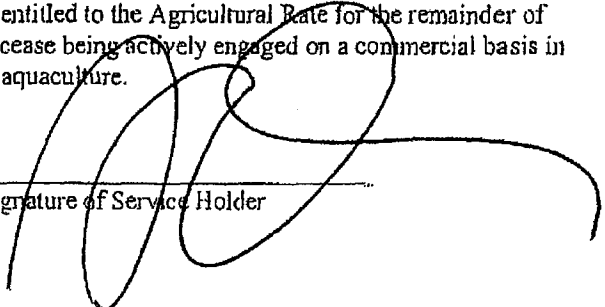
WAILUKU 96768

Please see attached

Account Holder Name \_\_\_\_\_ Account No. \_\_\_\_\_  
 Service Location Pulehu Rd Tax Map Key No. \_\_\_\_\_  
 Mailing Address Kula HI 96790 Business Phone # \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Residence Phone # \_\_\_\_\_  
 Acres Under Cultivation 1.2 acres Cell Phone # \_\_\_\_\_ 808  
 Type of Crop or Stock (Please Specify - i.e. trees, plants) bananas, avos, cherries, plums, Koa  
 Age of Crop or Stock 3-5 years  
 Estimated Annual Gross Sales \$ \_\_\_\_\_  
 Anticipated Monthly Water Usage 40-75 (thousand gallons)  
 General Excise Tax License No. \_\_\_\_\_  
 I certify that I am actively engaged on a commercial basis in:  
 Agriculture  Stock Raising \_\_\_\_\_ Dairy Farming \_\_\_\_\_ Aquaculture \_\_\_\_\_  
 And that this activity (these activities) generated a minimum gross annual income of \$1,000 in the most recent year.

I understand that upon approval, I shall be entitled to the Agricultural Rate for the remainder of this fiscal year (July 1 to June 30) unless I cease being actively engaged on a commercial basis in agriculture, stock raising, dairy farming or aquaculture.

Date 5/30/17

Signature of Service Holder 

(FOR BWS USE ONLY)

\_\_\_ APPROVED

\_\_\_ DENIED

Date \_\_\_\_\_

Accountant III

Vertical text on the right edge of the page.

Account No. \_\_\_\_\_  
Name \_\_\_\_\_

Agricultural Water Rate Application  
Supplement A

- a. A written description of the commercial operation (including a description of products, customers and related sales).

Engaged in commercial farming of  
bananas, papayas, cherries, plums, avocados  
and commercial growing of Koa.  
We sell our produce at farmers markets  
through local resellers.

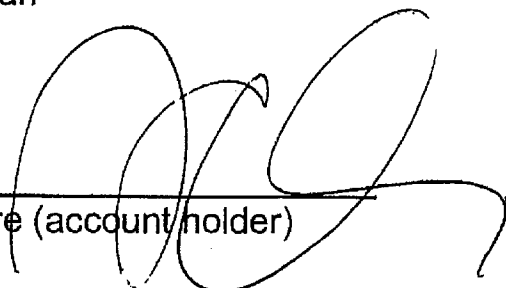
- b. Anticipated monthly water usage 40-75 thousand gallons

- c. Age of commercial crop or stock Fruits: 5 years Koa: 3 years

- d. Five Year Timeline of Projected Annual Gross Receipts:


2017	<u>3,000</u>
2018	<u>3,500</u>
2019	<u>4,000</u>
2020	<u>4,500</u>
2021	<u>5,000</u>
Total	<u>20,000</u>

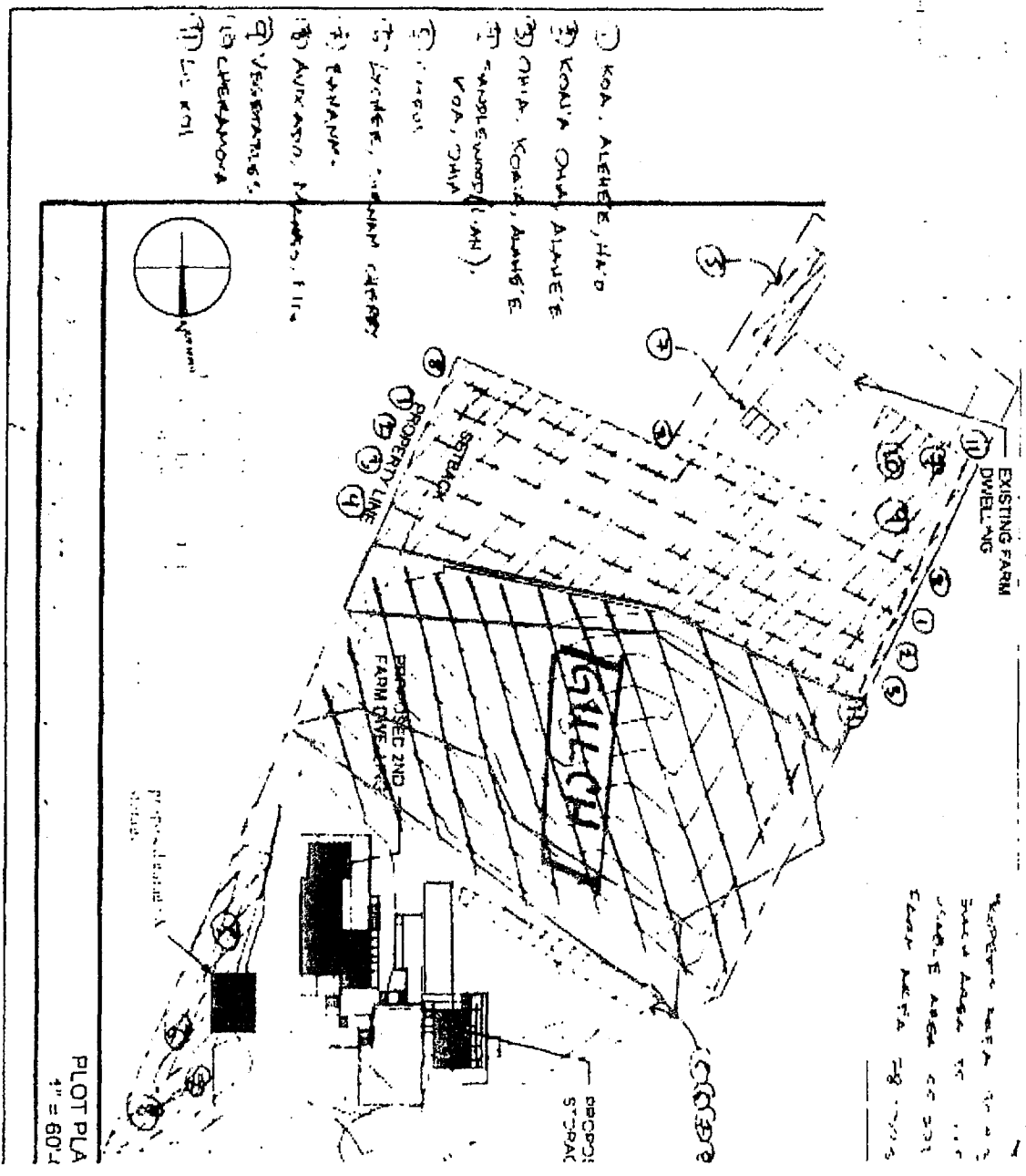
- e. Attach site plan

  
\_\_\_\_\_  
Signature (account holder)

May 30, 2017  
\_\_\_\_\_  
Date

I sent this off to planning as per our meeting yesterday. John

 This email has been checked for viruses by Avast  
 antivirus software.  
[www.avast.com](http://www.avast.com)



Handwritten notes in the bottom right corner of the plan, including the name 'GULCH' and other illegible scribbles.

## 2016 produce sales

January \$0  
February \$0  
March \$450  
April \$550  
May \$725  
June \$375  
July \$400  
August \$0  
September \$0  
October \$0  
November \$0  
December \$0

DAVID Y. IGE  
GOVERNOR

SHAN S. TSUTSUI  
LT GOVERNOR



STATE OF HAWAII  
DEPARTMENT OF TAXATION

MARIA E. ZIELINSKI  
DIRECTOR OF TAXATION

DAMIEN A. ELEFANTE  
DEPUTY DIRECTOR

MAKAWAO HI 96768-7403



Date: August 15, 2016  
Letter ID: 1310672896  
Customer ID: T-066-998-4768

Re: License Letter

Dear Taxpayer:

This letter contains your General Excise Tax License for Hawaii Tax ID Number: GE 1. Please display this license conspicuously at place of business.

If you require further information, please contact us at the address and phone number listed below. Reference the letter ID found at the top of the page on any correspondences or phone calls to expedite the process.

Sincerely,

Department of Taxation  
Taxpayer Services Branch  
PO Box 259  
Honolulu, HI 96809-0259  
Phone: (808) 587-4242  
Neighbor Islands / Continental U.S.  
Toll Free: 1 (800) 222-3229

BUSINESS START DATE: 10/01/2012

STATE OF HAWAII  
DEPARTMENT OF TAXATION

L1310672896  
FORM G-44A  
(REV. 2016)

LICENSE ISSUED FOR THE PRIVILEGE OF ENGAGING IN BUSINESS AND OTHER ACTIVITIES UPON THE CONDITION THAT THE LICENSEE SHALL PAY THE TAXES ACCRUING TO THE STATE OF HAWAII UNDER THE PROVISIONS OF CHAPTER 237, HRS, AS AMENDED. LICENSEE'S ACTIVITIES ARE LISTED ON THE APPLICATION ON FILE WITH THE DIRECTOR OF TAXATION.

**GENERAL EXCISE TAX LICENSE**

THIS LICENSE IS NOT TRANSFERABLE.  
TO BE DISPLAYED CONSPICUOUSLY AT THE  
PLACE OF BUSINESS FOR WHICH ISSUED.

HAWAII TAX ID NUMBER:

MAKAWAO HI 96768-7403





**GENERAL EXCISE/USE  
ANNUAL RETURN &  
RECONCILIATION**

Place an X in this box ONLY if this is an AMENDED return

TAX YEAR ENDING **12-31-16**

HAWAII TAX I.D. NO. **GE**

Last 4 digits of your FEIN or SSN

ID NO 20

NAME:

BUSINESS ACTIVITIES	Column a VALUES, GROSS PROCEEDS OR GROSS INCOME	Column b EXEMPTIONS/DEDUCTIONS (Attach Schedule GE)	Column c TAXABLE INCOME (Column a minus Column b)
<b>PART I - GENERAL EXCISE and USE TAXES @ ½ OF 1% (.005)</b>			
1. Wholesaling	_____	_____	_____
2. Manufacturing	_____	_____	_____
3. Producing	<b>2300</b>	_____	<b>2300</b>
4. Wholesale Services	_____	_____	_____
5. Landed Value of Imports For Resale	_____	_____	_____
6. Business Activities of Disabled Persons	_____	_____	_____
7. Sum of Part I, Column c (Taxable Income) — Enter the result here and on Page 2, line 21, Column (a)	_____	_____	<b>2300</b>
<b>PART II - GENERAL EXCISE and USE TAXES @ 4% (.04)</b>			
8. Retailing	_____	_____	_____
9. Services Including Professional	_____	_____	_____
10. Contracting	_____	_____	_____
11. Theater, Amusement and Broadcasting	_____	_____	_____
12. Commissions	<b>1788</b>	_____	<b>1788</b>
13. Transient Accommodations Rentals	_____	_____	_____
14. Other Rentals	_____	_____	_____
15. Interest and All Others	_____	_____	_____
16. Landed Value of Imports for Consumption	_____	_____	_____
17. Sum of Part II, Column c (Taxable Income) — Enter the result here and on page 2, line 22, Column (a)	_____	_____	<b>1788</b>

**DECLARATION** - I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith for the tax period stated, pursuant to the General Excise and Use Tax Laws, and the rules issued thereunder.

IN THE CASE OF A CORPORATION OR PARTNERSHIP, THIS RETURN MUST BE SIGNED BY AN OFFICER, PARTNER OR MEMBER, OR DULY AUTHORIZED AGENT.

SIGNATURE 	TITLE OWNER	DATE 5/20/17	DAYTIME PHONE NUMBER ---
---------------	----------------	-----------------	-----------------------------



**SCHEDULE F  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Farming**

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.  
▶ Information about Schedule F and its separate instructions is at [www.irs.gov/schedulef](http://www.irs.gov/schedulef).

OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **14**

Name of proprietor

Social security number (SSN)

A Principal crop or activity **BANANAS, AVOCADOS**      B Enter code from Part IV **▶ 111300**      C Accounting method:  Cash  Accrual      D Employer ID number (EIN), (see instr.)

E Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on passive losses.  Yes  No  
 F Did you make any payments in 2016 that would require you to file Form(s) 1099 (see instructions)?  Yes  No  
 G If "Yes," did you or will you file required Forms 1099?  Yes  No

**Part I Farm Income – Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 9.)**

1a	Sales of livestock and other resale items (see instructions)	1a		
b	Cost or other basis of livestock or other items reported on line 1a	1b		
c	Subtract line 1b from line 1a		1c	
2	Sales of livestock, produce, grains, and other products you raised		2	2,300
3a	Cooperative distributions (Form(s) 1099-PATR)	3a	3b Taxable amount	3b
4a	Agricultural program payments (see instructions)	4a	4b Taxable amount	4b
5a	Commodity Credit Corporation (CCC) loans reported under election		5a	
b	CCC loans forfeited	5b	5c Taxable amount	5c
6	Crop insurance proceeds and federal crop disaster payments (see instructions)			
a	Amount received in 2016	6a	6b Taxable amount	6b
c	If election to defer to 2017 is attached, check here <input type="checkbox"/>		6d Amount deferred from 2015	6d
7	Custom hire (machine work) income		7	
8	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		8	
9	<b>Gross income.</b> Add amounts in the right column (lines 1c, 2, 3b, 4b, 5a, 5c, 6b, 6d, 7, and 8). If you use the accrual method, enter the amount from Part III, line 50 (see instructions)		9	2,300

**Part II Farm Expenses – Cash and Accrual Method. Do not include personal or living expenses (see instructions).**

10	Car and truck expenses (see instructions). Also attach Form 4562	10	23 Pension and profit-sharing plans	23
11	Chemicals	11	24 Rent or lease (see instructions):	
12	Conservation expenses (see instructions)	12	a Vehicles, machinery, equipment	24a
13	Custom hire (machine work)	13	b Other (land, animals, etc.)	24b
14	Depreciation and section 179 expense (see instructions)	14	25 Repairs and maintenance	25
15	Employee benefit programs other than on line 23	15	26 Seeds and plants	26
16	Feed	16	27 Storage and warehousing	27
17	Fertilizers and lime	17	28 Supplies	28
18	Freight and trucking	18	29 Taxes	29
19	Gasoline, fuel, and oil	19	30 Utilities	30
20	Insurance (other than health)	20	31 Veterinary, breeding, and medicine	31
21	Interest:		32 Other expenses (specify):	
a	Mortgage (paid to banks, etc.)	21a	a	32a
b	Other	21b	b	32b
22	Labor hired (less employment credits)	22	c	32c
			d	32d
			e	32e
			f	32f
33	<b>Total expenses.</b> Add lines 10 through 32f. If line 32f is negative, see instructions		33	1,900
34	<b>Net farm profit or (loss).</b> Subtract line 33 from line 9		34	400

35 Did you receive an applicable subsidy in 2016? (see instructions)  Yes  No  
 36 Check the box that describes your investment in this activity and see instructions for where to report your loss.  
 a  All investment is at risk.      b  Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule F (Form 1040) 2016