



DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

No. 1 Capitol District Building, 250 South Hotel Street, 5th Floor, Honolulu, Hawaii 96813
Web site: www.invest.hawaii.gov

ENTERPRISE ZONES PROGRAM FORCE MAJEURE EVENT CLAIM APPLICATION

PART A – INSTRUCTIONS

This form must be filed with an EZ End-of-Year Report form showing that the business did not meet the EZ Program targets as a result of a Force Majeure event. For more details on EZ Program requirements including Force Majeure please go to <http://invest.hawaii.gov/business/ez/updates>.

To submit an online version of this form, visit ezforms.ehawaii.gov.

To submit a paper form, mail your completed form to Department of Business, Economic Development & Tourism, No. 1 Capitol District Building, 250 South Hotel Street, 5th Floor, Honolulu, HI 96813, or fax your completed form to (808) 586-2589. NOTE: If submitting forms by mail or fax instead of online, please allow an extra 2-4 weeks processing time.

QUESTIONS? Call the State Enterprise Zone Coordinator at (808) 587-2757, or your County Enterprise Zone Coordinator. For a list of contact phone numbers, visit <http://invest.hawaii.gov/business/ez#contact>

Some of the information submitted via EZ Program forms may be subject to public inspection under Hawaii's Uniform Information Practices Act, Chapter 92F, Hawaii Revised Statutes, which governs public access to government records. For more information on what may be disclosed and what may be considered confidential please see our program confidentiality guidelines at <http://invest.hawaii.gov/business/ez/disclosure>.



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PART B – GENERAL INFORMATION

Business Name _____

Business Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Contact Person _____

Title _____

Telephone _____ Fax _____

Email _____

PART C – NOTICE OF LOSS

Crop(s) Name _____

What force majeure event caused the loss? _____



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PART C – NOTICE OF LOSS (continued)

Beginning date of event (mm/dd/yyyy) _____

Estimated end date of being affected from the event, to restart program (mm/dd/yyyy) _____

Total Crop Acreage _____

Affected Acreage _____

Explain how your company was affected by a force majeure event.

Estimated loss of income \$ _____

Market value of all crop(s) not affected by the force majeure event. \$ _____

***** END OF APPLICATION *****