

PEST CONTROL BOARD

Department of Commerce and Consumer Affairs

P.O. Box 3469

Honolulu, Hawaii 96801

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

Applicant _____

Address of Pest Control Business _____

Address of Chemical Storage facility _____

Tax Key No. _____

Tax Key No. _____

ZONING CERTIFICATION FORM

As an applicant or licensee for a pest control operator's license, I understand that the law requires my place of business and chemical storage facility to be located in an area zoned to allow such. I have applied directly with the County for a zoning clearance and I hereby certify the following:

1. That the business and its location and the chemical storage facility and its location (if not the same) as indicated on the application comply with the zoning code of the county;
2. That the applicant or RME shall comply with any and all restrictions imposed by the county, or any other government agency with jurisdiction on the use of the office or place of business; and place of chemical storage.
3. That if there is any change of address, of the business or chemical storage facility, the board will be informed, new clearances will be obtained, and a new zoning certification form will be signed; and
4. That if the county or any government agency with jurisdiction finds the applicant in violation of any of the provisions or restrictions, the pest control license may be revoked, suspended, refused to be renewed, or otherwise disciplined.

I have read and understood the above, and acknowledge that any material misrepresentations of the above constitutes grounds for denial of the attached license application, refusal of renewal of application, license suspension, license revocation, and/or the imposition of penalties pursuant to Hawaii Revised Statutes, Chapters 460J and 436B.

Date _____

Signed _____

PCO/RME

Legal Name
of License _____

Sole Owner, Corporation,
Partnership, LLC, LLP

Mailing Address (if different from above)

License No. PCO - _____

ZONING CERTIFICATION REQUIREMENT

Please be advised that one of the requirements for a license to do business as a pest control operator in Hawaii is to maintain a place of business in the State in an area zoned to allow such a business. You must apply for a zoning clearance with the appropriate county agency and make an attestation as to your approval (on the reverse) before your license will be issued. For applications or any questions regarding the zoning, please direct your inquiries to:

County of Honolulu:	Department of Planning & Permitting City and County of Honolulu 650 So. King Street, 7th Floor Honolulu, HI 96813	Phone: 523-4131
Kakaako Community Development District:	Hawaii Community Development Authority 677 Ala Moana Blvd., #1001 Honolulu, HI 96813	Phone: 587-2870 or 587-2865
County of Hawaii:	County of Hawaii Planning Department 25 Aupuni St. Hilo, HI 96720	Phone: 961-8288
County of Kauai	County of Kauai Planning Department 4444 Rice St., Ste. 473 Lihue, HI 96766	Phone: 241-6677
County of Maui:	County of Maui Planning Department 250 South High St. Wailuku, HI 96793	Phone: 243-7253