










1. Register

The screenshot shows the USDA Food and Nutrition Service website. At the top, there is a navigation bar with links for Home, About FSP, What's New, Help, Contact Us, and En Español. Below this is a search bar with a 'Go' button and options to search all USDA or search tips. A sidebar on the left titled 'Browse by Subject' lists various categories such as Disaster Assistance, Employment & Training, Grants, Info Materials, Nutrition Education, Outreach, Program Data, Program Improvement, Program Policy, Quality Control, Research & Reports, and Topics A to Z. The main content area is titled 'Food Stamp Program' and contains a welcome message: 'Welcome to the Food Stamp Program's Online Store Application. You must first establish an account before you can conduct business with FNS online. This is your permanent account. Keep and protect your User ID and password. If this is the first time you are doing business with FNS online, click the Register button'. A yellow 'Register' button is centered below this text. Below that, it says 'If you already have a USDA eAuthentication account, click the Sign In button:' followed by a yellow 'Sign In' button. At the bottom of the page, there is a footer with links for FNS Home, FNCS Home, USDA.gov, FOIA, Accessibility Statement, Privacy Policy, Non-Discrimination Statement, Information Quality, USA.gov, and White House.

2. New Application Introduction

 United States Department of Agriculture
Food and Nutrition Service

OMB No 0584-0008 (FNS-252E)
Expiration Date XX/XX

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You are here: Food Stamp Program: New Application Introduction

Online Application Process:

Carefully review the following steps to complete the application process:


1. Click the link below to review the Acknowledgement Agreement. You must accept this statement in order to move to the next step.
[Click here for Acknowledgement Agreement](#)
2. Fill out your online application.
3. View and print a copy of your application to keep for your records.
4. Submit your application online.
5. Mail your supporting documents to USDA's Food and Nutrition Service. Instructions on your supporting documents are provided on-screen after you submit your application.

Note: Your application is not considered complete until you finish all five steps and FNS has received all supporting documentation. You may save your application and return to finish it later for up to 30 days from when you start. FNS deletes all saved applications that are not completed within 30 days.

Time-Saving Tips:

Have the following documents available to save time filling out the application:

- Date the store opened under your ownership.
- Corporate name and address if you are a private or public corporation.
- Home address, social security number, and date of birth for all owners, partners, corporate officers, and spouses in community property states.
- Actual sales data from your most recent IRS business tax return if you have been open more than one year. If not, be prepared to estimate sales.
- Know the percentage of your sales from staple foods, snack or accessory foods, and all other non-food items you sell.
- Store hours of operation.

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3. Acknowledgement Agreement

United States Department of Agriculture
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You are here: Acknowledgement Agreement

Acknowledgement Agreement

PRIVACY ACT STATEMENT - Section 9 of the Food Stamp Act of 1977, 7 U.S.C. 2018, authorizes collection of the information on this application.

- Information is collected primarily for use by the Food and Nutrition Service in the administration of the Food Stamp Program;
- Additional disclosure of this information may be made to other Food and Nutrition Service programs and to other Federal, State or local agencies and investigative authorities when the Food Stamp Program becomes aware of a violation or possible violation of the Food Stamp Act, as explained in the next section called "Use and Disclosure";
- Section 278.1(b) of the Food Stamp Program regulations provides for the collection of the owners' Social Security Number (SSN), Employee Identification Number (EIN) and tax information;
- The use and disclosure of SSNs and EINs obtained by applicants is covered in the Social Security Act and the Internal Revenue Code. In accordance with the Social Security Act and the Internal Revenue Code, applicant social security numbers and employer identification numbers may be disclosed only to other Federal agencies authorized to have access to social security numbers and employer identification numbers and maintain these numbers in their files, and only when the Secretary of Agriculture determines that disclosure would assist in verifying and matching such information against information maintained by such other agency [42 U.S.C. 405 (c)(2)(C)(ii); 26 U.S.C. 6109(f)];
- Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in denial of this application;
- The Food and Nutrition Service may provide you with an additional statement reflecting any additional uses of the information furnished on this form.

USE AND DISCLOSURE - We may use the information you give us in the following ways;

- We may disclose information to the Department of Justice (DOJ), a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in litigation and it has been determined that the use of such information is relevant and necessary and the disclosure is compatible with the purpose for which the information was collected;
- In the event that the information in our system indicates a violation of the Food Stamp Act or any other Federal or State law whether civil or criminal or regulatory in nature, we may disclose the information you give us to the appropriate agency, whether Federal or State, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
- We may use your information, including SSNs and EINs, to collect and report on delinquent debt and may disclose the information to other Federal and State agencies, as well as private collection agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offset and referral to the Department of Justice for litigation. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose your information to other Federal and State agencies to verify the information, and to assist in the administration and enforcement of the Food Stamp Act as well as other Federal and State laws. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to respond to specific requests from such Federal and State agencies for the purpose of administering the Food Stamp Act as well as other Federal and State laws;
- We may disclose information to other Federal and State agencies for the purpose of conducting computer matching programs; We may disclose information to private entities having contractual agreements with us for designing, developing, and operating our systems, and for verification and computer matching purposes;
- We may disclose information to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), authorized under section 17 of the Child Nutrition Act of 1966 for purposes of administering that Act and the regulations issued under that Act;
- We may disclose information to the public when a retailer has been disqualified or otherwise sanctioned for violations of the Program after the time for administrative and judicial appeals has expired. This information is limited to the name and address of the store, the owner(s) name(s) and information about the sanction itself. The purpose of such disclosure is to assist in the administration and enforcement of the Food Stamp Act and Food Stamp Program regulations.

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept food stamp benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

PAPERWORK REDUCTION NOTICE

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate (0584-0008) or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Research, Nutrition and Analysis, 3101 Park Center Dr., Alexandria, VA 22302. Do not return the completed form to this address.

To file a complaint of Discrimination, write to USDA, Director, Office of Civil Rights, Room 326W Whitten Building, 1400 Independence Ave, SW, Washington, D.C. 20250-9410. Do not send applications to this address.

Accept
Decline

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4. Basic Store Information

USDA United States Department of Agriculture
Food and Nutrition Service

OMB No 0584-0008 (FNS-252E)
Expiration Date XX/XX

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Store

- Basic Information
- Ownership Information
- Sales Information
- Inventory Information
- Supplemental Information
- Submit

You are here: Basic Store Information

Basic Store Information

In this section, provide basic store information and answer every question. Use the help feature if you have any questions.

When did or when will the store open for business under your ownership?
MM / DD / YYYY

What is the name your store is doing business as?

Chain Store Number: [\(What is this?\)](#)

What is your store's location address? (do not enter PO Box here)

Street Number: _____ Street Name: _____
Additional Address Line: _____
City: _____ State: _____ Zip Code: _____

Is the store's mailing address the same as the store's location address?
 Yes No

Street Number: _____ Street Name: _____
Additional Address Line: _____
City: _____ State: _____ Zip Code: _____
Country:

Store Telephone Number:
____ - ____ - ____

Alternate Telephone Number: [\(What is this?\)](#)
____ - ____ - ____

Do you want to receive official Food Stamp Program correspondence by email?
 Yes No

Owner or Store Email Address:

Is your business a delivery route, farmers' market or specialty food store that primarily sells one food type such as meat/poultry, seafood, bread, or fruits/vegetables?
 Yes No
Select One

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5.1 Ownership Information (initial screen)

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Store

- Basic Information
- Ownership Information**
- Inventory Information
- Supplemental Information
- Submit

You are here: Ownership Information

Ownership Information

In this section, provide information on the type of ownership as well as the identity of each owner. You must provide information for all primary owners or shareholders if the store is owned by one or more people or a private corporation. You must enter spousal information for each owner and officer if your business is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI).

What is the ownership type of this store? ([What is this?](#))

Select One

Has any officer, owner, partner, member, or manager ever had a license denied, withdrawn, suspended, or been fined for license violations (i.e. Food Stamp, WIC, business, alcohol, tobacco, lottery, or health license)?

Yes No

Please provide an explanation:

Was any officer, owner, partner, member, or manager convicted of any crime after June 1, 1999?

Yes No

Please provide an explanation:

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5.2 Ownership Information (Privately Held Corporation)

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Expiration Date XX/XX

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Store

- Basic Information
- Ownership Information**
- Inventory Information
- Supplemental Information
- Submit

You are here: Ownership Information

Ownership Information

In this section, provide information on the type of ownership as well as the identity of each owner. You must provide information for all primary owners or shareholders if the store is owned by one or more people or a private corporation. You must enter spousal information for each owner and officer if your business is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI).

What is the ownership type of this store? ([What is this?](#))

Privately Held Corporation

If you have an Employer Identification number (EIN) enter it here:

- ([What is this?](#))

Enter the name and address of your corporation as on record with the State:

Name: _____

Street Number: _____ Street Name (or Post Office Box): _____

Additional Address Line: _____

City: _____ State: _____ Zip Code: _____

Country: USA

Enter personal information for each owner of record.

Owner 1

First Name: _____ Middle Name: _____

Last Name: _____

Street Number: _____ Street Name: _____

Additional Address Line: _____

City: _____ State: _____ Zip Code: _____

Country: USA

Social Security Number: _____ - _____ - _____ Date of Birth: MM / DD / YYYY

Title: Select One

To add another primary owner, shareholder, or spouse, click **Add**

Has any officer, owner, partner, member, or manager ever had a license denied, withdrawn, suspended, or been fined for license violations (i.e. Food Stamp, WIC, business, alcohol, tobacco, lottery, or health license)?

Yes No

Was any officer, owner, partner, member, or manager convicted of any crime after June 1, 1999?

Yes No

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5.3 Ownership Information (Publicly Owned Corporation)

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Store

- Basic Information
- Ownership Information**
- Inventory Information
- Supplemental Information
- Submit

You are here: Ownership Information

Ownership Information

In this section, provide information on the type of ownership as well as the identity of each owner. You must provide information for all primary owners or shareholders if the store is owned by one or more people or a private corporation. You must enter spousal information for each owner and officer if your business is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI).

What is the ownership type of this store? ([What is this?](#))

Publicly Owned Corporation

If you have an Employer Identification number (EIN) enter it here:

- (What is this?)

Enter the name and address of the parent corporate office:

Name:

Street Number: Street Name (or Post Office Box):

Additional Address Line:

City: State: Zip Code:

Country: USA

Contact person information

First Name: Middle Name:

Last Name:

Telephone Number: - -

Email Address (if applicable):

Has any officer, owner, partner, member, or manager ever had a license denied, withdrawn, suspended, or been fined for license violations (i.e. Food Stamp, WIC, business, alcohol, tobacco, lottery, or health license)?

Yes No

Was any officer, owner, partner, member, or manager convicted of any crime after June 1, 1999?

Yes No

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5.4 Ownership Information (Sole Proprietorship, Partnership or Nonprofit Cooperative)

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Store

- Basic Information
- Ownership Information
- Inventory Information
- Supplemental Information
- Submit

You are here: Ownership Information

Ownership Information

In this section, provide information on the type of ownership as well as the identity of each owner. You must provide information for all primary owners or shareholders if the store is owned by one or more people or a private corporation. You must enter spousal information for each owner and officer if your business is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI).

What is the ownership type of this store? [\(What is this?\)](#)

Sole Proprietorship ▾

If you have an Employer Identification number (EIN) enter it here:

- [\(What is this?\)](#)

Enter personal information for each owner of record.

Owner 1

First Name:

Last Name:

Street Number: **Street Name:**

Additional Address Line:

City: **State:** **Zip Code:** -

Country:

USA ▾

Social Security Number: - - **Date of Birth:** / /

Title:

Select One ▾

Middle Name:

To add another primary owner, shareholder, or spouse, click Add

Has any officer, owner, partner, member, or manager ever had a license denied, withdrawn, suspended, or been fined for license violations (i.e. Food Stamp, WIC, business, alcohol, tobacco, lottery, or health license)?

Yes No

Was any officer, owner, partner, member, or manager convicted of any crime after June 1, 1999?

Yes No

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5.5 Ownership Information (Limited Liability Company)

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Store

- Basic Information
- Ownership Information**
- Inventory Information
- Supplemental Information
- Submit

You are here: Ownership Information

Ownership Information

In this section, provide information on the type of ownership as well as the identity of each owner. You must provide information for all primary owners or shareholders if the store is owned by one or more people or a private corporation. You must enter spousal information for each owner and officer if your business is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI).

What is the ownership type of this store? [\(What is this?\)](#)

Limited Liability Company

If you have an Employer Identification number (EIN) enter it here:

- [\(What is this?\)](#)

Enter the name and address of your corporation as on record with the State:

Name:

Street Number: Street Name (or Post Office Box):

Additional Address Line:

City: State: Zip Code: -

Country:

Enter personal information for each owner of record.

Owner 1

First Name: Middle Name:

Last Name:

Street Number: Street Name:

Additional Address Line:

City: State: Zip Code: -

Country:

Social Security Number: - - Date of Birth: / /

Title:

To add another primary owner, shareholder, or spouse, click **Add**

Has any officer, owner, partner, member, or manager ever had a license denied, withdrawn, suspended, or been fined for license violations (i.e. Food Stamp, WIC, business, alcohol, tobacco, lottery, or health license)?

Yes No

Was any officer, owner, partner, member, or manager convicted of any crime after June 1, 1999?

Yes No

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5.6 Ownership Information (Government Owned)

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Store

- Basic Information
- Ownership Information**
- Inventory Information
- Supplemental Information
- Submit

You are here: Ownership Information

Ownership Information

In this section, provide information on the type of ownership as well as the identity of each owner. You must provide information for all primary owners or shareholders if the store is owned by one or more people or a private corporation. You must enter spousal information for each owner and officer if your business is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI).

What is the ownership type of this store? ([What is this?](#))

Government Owned

Enter the name and address of the responsible government Agency:

Name:

Street Number: Street Name (or Post Office Box):

Additional Address Line:

City: State: Zip Code: -

Country: USA

Contact person information:

First Name: Middle Name:

Last Name:

Telephone Number: - -

Email Address:

Has any officer, owner, partner, member, or manager ever had a license denied, withdrawn, suspended, or been fined for license violations (i.e. Food Stamp, WIC, business, alcohol, tobacco, lottery, or health license)?

Yes No

Was any officer, owner, partner, member, or manager convicted of any crime after June 1, 1999?

Yes No

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6. Sales Information

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Store

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- Inventory Information
- Supplemental Information
- Submit

You are here: Sales Information

Sales Information

In this section, you will specify the store sales information.

Do you sell products wholesale to other businesses such as hospitals or restaurants?
 Yes No

Does your retail food sales meet or exceed \$250,000 and 50% of your total sales?
 Yes No

Does the sale of hot and/or cold freshly prepared foods that are ready-to-eat exceed 50% of your total sales?
 Yes No

Enter your total retail sales from all products you sell at this location. If your store has been open under your ownership for more than one year, enter actual total sales from your most recent IRS tax return, or if your store has been open under your ownership for less than one year, you must provide estimated sales:

Retail sales are: Estimated Actual Enter tax year:

\$ Per Day Per week Per month Per year

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7. Inventory Information

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Store

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You are here: Inventory and Sales Information

Inventory Information

In this section, you will specify the types of inventory that you carry at this location.

The next question asks whether or not your store stocks a variety of food categories. A variety is defined as at least three different types of food in each category. Milk, cheese, and yogurt are a variety of dairy items. Whole milk, skim milk, and chocolate milk are not a variety.

Do you stock at least three different items in each of the following food categories on a daily basis?

Bread/Grain
(Example: bread, cereal, pasta, rice, flour, etc.) Yes No

Dairy
(Example: milk, butter, cheese, yogurt, infant formula, etc.) Yes No

Fruit/Vegetable
(Example: corn, potatoes, green beans, apples, oranges, etc.) Yes No

Meat/Poultry/Fish
(Example: beef, chicken, pork, fish, etc.) Yes No

What percent of your total sales comes from the above food categories? %

Do you stock fresh, frozen or refrigerated foods in at least two of the above categories?
 Yes No

Do you sell "other" foods, such as snack foods, soft drinks, or condiments?
 Yes No

What percent of your total sales comes from these "other" foods? %

Do you sell non-food items or food that is hot at the time that the customer pays for it?
 Yes No

Select from the following list, mark all that apply:

<input type="checkbox"/> Tobacco products	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Lottery	<input type="checkbox"/> Gasoline
<input type="checkbox"/> Any other non-food products	<input type="checkbox"/> Hot foods

What percent of your total sales comes from non-food and hot food items? %

Total: %

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8. Supplemental Information

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Store

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- Ownership Information
- Sales Information
- Inventory Information
- Supplemental Information**
- Submit

You are here: Supplemental Store Information

Supplemental Information

In this section, you will specify your store's operational information based on this store location.

How many cash registers are at your store?

Is your store open year round?
 Yes No

Indicate which month(s) you are open (mark all that apply):

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Is your store open 7 days a week, 24 hours per day?
 Yes No

Is your store open the same hours every day (7 days a week)?
 Yes No

Indicate your store hours and days of operation:

Example: 7:30 AM PM 8:30 AM PM

	Open		Closed	
Monday	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>
Tuesday	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>
Wednesday	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>
Thursday	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>
Friday	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>
Saturday	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>
Sunday	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>	<input type="text"/>	AM <input type="radio"/> PM <input type="radio"/>

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9. Submit

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You are here: Submit

Submit

You are almost finished. Before you submit your application, you may wish to review the application for accuracy using the left hand navigation menu.

Once you are confident the information is complete and accurate, click the link below to view and print an official copy of your Food Stamp Application for Stores (FNS-252E) to keep for your records:

[View/Print Copy of FNS-252E Application](#)


If you want to keep a copy of your application for your records, you must print a copy now. You may not access your application after you click "Submit".

Once you are ready to submit your electronic application, please click the Submit button below.


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10. Mailing Instructions

 United States Department of Agriculture
Food and Nutrition Service

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You are here: Document Instructions

Documents to Mail to USDA's Food and Nutrition Service:

Your application was submitted and assigned **FNS Number - 1234567**. Please keep this number as it is a permanent ID for this store. In order to complete your application, you must mail supporting documentation as follows:

1. Print a **Document Cover Sheet**. The cover sheet includes basic information about your store name and address. You must print and submit any documents to FNS with a cover sheet in order for us to match your documents with your application.
2. Print and Sign a **Certification and Signature Statement**. FNS does not accept electronic signatures at this time; therefore, you must provide an original written signature.
3. Submit a copy of one current business license in your name. [Click here](#) for examples.
4. Submit a copy of Photo Identification for all owners, partners, corporate officers, and spouses if it is a community property state. [Click here](#) for examples.
5. Submit a copy of the Social Security Number for all owners, partners, corporate officers, and spouses if it is a community property state. [Click here](#) for examples.

Mail all of the documents listed above to the following address:

Food and Nutrition Service, USDA
2029 Lloyd Center
Portland, OR 97232-1314

If you have questions, you may contact the Field Office at: 301-873-9839.

FNS may take up to 45 days to process an application once it's complete and notify you of a decision in writing. In order to help determine eligibility, an FNS employee or representative may visit your store. You may now return to the main menu for additional services or logout.

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