

**Corporate Supplemental Application
(Addendum to Supplemental Nutrition Assistance Program Application for Stores)**

FOR FNS USE ONLY

FNS Number

EIN:

Items marked with an asterisk (*) are required.

Centralization Plan Information

*Centralization Plan:

Corporation has no eligible plans.

New Store Information

*Store Name:

Store Number:

Number of Registers:

Optical Scanners:

Store Opened for Business:

Enter future date for a scheduled opening

Month:

Day:

Year:

Enter Estimated Dollar Amounts or Percentages for the following:

Sales Information

*Estimated Annual Retail Sales:

\$

*Retail Sales that come from Staple Foods:

(Bread, cereal, dairy, fruits, vegetables, meats, poultry, fish)

%

*Retail Sales that come from Additional Food Types:

(Condiments, spices, coffee, tea, cocoa, candy, cold sandwiches, prepared salads, carbonated/noncarbonated drinks)

%

*Retail Sales from Hot Foods and Non-Food Items:

(Gas, tobacco, alcoholic beverages, lottery tickets, paper, cleaning products)

%

*Estimated Wholesaler Annual Sales:

\$

Store Operating Information

Open Year Round?

If not open year round, indicate months store is open below.

Month Open:

Store Open 7 days, 24 hours?

Yes (If yes, skip to On-Site Manager Information section below) No

Enter Days Closed: NA

Enter Operating Days and Hours:

On-Site Manager Information

First Name: **Middle Name:** **Last Name:**

Store Location Address

Street Number:
(e.g. 19023)

Street Name:

Additional Address Information
(stall number, unit number, suite number)

***Country:**

***City:** ***State:** ***Zip Code:** **Zip Code + 4:**

***County:**

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