

**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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