

**Reauthorization Customer Number:**

**1** Store Name:

**1a** Is this store still open for business?  Yes  No

**2** Is this the current store location?  Yes  No

If **No**, enter the current store location address (do not enter P.O. Box here)

Street Number:	Street Name:	Additional Address (Bldg #, Unit #, Stall #, etc.):	
City:		State:	Zip Code:

**3** Enter the current store telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**4** Total Sales. Enter the actual sales from all products you sell at this location, from your most recent IRS tax return for this store. Round to nearest dollar: \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ .00 in tax year: \_\_\_\_\_.

**5** Do you stock at least three different items in each of these food categories?

- |                   |                              |                             |   |
|-------------------|------------------------------|-----------------------------|---|
| Breads/Grains     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Example: bread, cereal, pasta, rice, flour, etc.)            |
| Dairy             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Example: milk, butter, cheese, yogurt, infant formula, etc.) |
| Fruits/Vegetables | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Example: corn, potatoes, green beans, apples, oranges, etc.) |
| Meat/Poultry/Fish | <input type="checkbox"/> Yes | <input type="checkbox"/> No | (Example: beef, chicken, pork, fish, etc.)                    |

**5a** What percent of your total sales comes from these food categories?  %

**5b** Do you stock fresh, frozen or refrigerated foods in at least two of these categories?  Yes  No

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

**6a** If **Yes**, what percent of your total sales comes from these items?  %

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

**7a** If **Yes**, check the items you carry:  tobacco products  alcohol  lottery  gasoline  hot food  other

**7b** If **Yes**, what percent of your total sales comes from non-food and hot food items?  %

The sum of the three percentage figures above (5a, 6a, 7b) must equal 100%

**Owners/Officers.** FNS records show the following persons are primary owners or shareholders of a private corporation that owns the store. In community property states, the spouse of an owner or shareholder is also listed. (Community property states are AZ, CA, ID, LA, NM, NV, TX, WA, WI.)

**8** Check **No** for any person **not** currently an owner/shareholder.

<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> No	<input type="checkbox"/> No

**8a** Are there persons not listed who are primary owners/shareholders, or, in community property states, spouses?  Yes  No  
 If **Yes**, go to Continuation Page to enter information about these persons.

**Print** the name and business title (i.e., owner, officer, spouse, etc.) of person completing this application for reauthorization on behalf of the store:

First Name	Middle Name	Last Name	Business Title
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**I have read, understand and agree with the conditions of participation outlined in the Privacy Act, Use and Disclosure, Penalty Warning and Certification Statements as provided above, and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CONTINUATION PAGE**

**8b** If you answered **Yes**, to Question **8a**, enter information for up to four additional owners/officers here. Do not enter any information or return this page to FNS if your store is owned by a publicly-held corporation or government agency.

**(1)** Print name as it appears on the social security card:

First Name:		Middle Name:	Last Name:	
Street Number:	Street Name:		Additional Address (Unit #, Suite #, Apt #, etc.):	
City:		State:	Zip Code:	If foreign address, add Country:
Social Security Number: ____ - ____ - _____		Date of Birth: (MM/DD/YYYY) ____ / ____ / _____	Business Title (i.e., owner, partner, spouse, etc.):	

**(2)** Print name as it appears on the social security card:

First Name:		Middle Name:	Last Name:	
Street Number:	Street Name:		Additional Address (Unit #, Suite #, Apt #, etc.):	
City:		State:	Zip Code:	If foreign address, add Country:
Social Security Number: ____ - ____ - _____		Date of Birth: (MM/DD/YYYY) ____ / ____ / _____	Business Title (i.e., owner, partner, spouse, etc.):	

**(3)** Print name as it appears on the social security card:

First Name:		Middle Name:	Last Name:	
Street Number:	Street Name:		Additional Address (Unit #, Suite #, Apt #, etc.):	
City:		State:	Zip Code:	If foreign address, add Country:
Social Security Number: ____ - ____ - _____		Date of Birth: (MM/DD/YYYY) ____ / ____ / _____	Business Title (i.e., owner, partner, spouse, etc.):	

**(4)** Print name as it appears on the social security card:

First Name:		Middle Name:	Last Name:	
Street Number:	Street Name:		Additional Address (Unit #, Suite #, Apt #, etc.):	
City:		State:	Zip Code:	If foreign address, add Country:
Social Security Number: ____ - ____ - _____		Date of Birth: (MM/DD/YYYY) ____ / ____ / _____	Business Title (i.e., owner, partner, spouse, etc.):	

**8c** Has any officer, owner, partner, member, and/or manager ever had a license denied, withdrawn or suspended, or been fined for license violations (i.e., Supplemental Nutrition Assistance Program, WIC, business, alcohol, tobacco, lottery, or health license)?  **Yes**  **No**  
If yes, provide an explanation:

**8d** Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1999?  **Yes**  **No**  
If yes, provide an explanation:

**PRIVACY ACT STATEMENT** - Section 9 of the Food and Nutrition Act of 2008, 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 Supplemental Nutrition Assistance Program (SNAP);
- 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 Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act, as explained in the next section called "Use and Disclosure";
- Section 278.1(b) of the Supplemental Nutrition Assistance 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)(iii); 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 withdrawal of store authorization to accept SNAP benefits;
- 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 and Nutrition 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 and Nutrition 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 and Nutrition 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 and Nutrition Act and Supplemental Nutrition Assistance Program regulations.

**PENALTY WARNING STATEMENT** - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program 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).

**KEEP THIS PAGE FOR YOUR RECORDS**

**CERTIFICATION AND SIGNATURE** - By signing the application for reauthorization you are confirming your understanding of and agreement with the following:

- I am an owner of this firm;
- I have provided truthful and complete information on this form and on any documents provided to the Food and Nutrition Service;
- If I provide false information, my authorization to accept Supplemental Nutrition Assistance Program (SNAP) benefits may be withdrawn;
- Any information I have provided or will provide may be verified and shared by the USDA with other agencies, as described in the Privacy Act and Disclosure Statements.
- By my signature on the application, I release my tax records to the Food and Nutrition Service;
- SNAP training materials are available on request from the Food and Nutrition Service. It is my responsibility to ensure that the training materials are reviewed by all firm's owners and all employees (whether paid or unpaid, new, full-time or part-time) and that all employees will follow SNAP regulations.
- I am aware that violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Supplemental Nutrition Assistance Program; I am aware that violations of the Supplemental Nutrition Assistance Program rules can also result in Federal, State and/or local criminal prosecution and sanctions.
- I accept responsibility on behalf of the firm for violations of the Supplemental Nutrition Assistance Program regulations, including those committed by any of the firm's employees, paid or unpaid, new, full-time or part-time. These include violations such as, but not limited to:
  - Trading cash for Supplemental Nutrition Assistance Program benefits (i.e., trafficking);
  - Accepting Supplemental Nutrition Assistance Program benefits as payment for ineligible items;
  - Accepting Supplemental Nutrition Assistance Program benefits as payment on credit accounts or loans;
  - Knowingly accepting Supplemental Nutrition Assistance Program benefits from people not authorized to use them;
- Disqualification from the WIC Program may result in Supplemental Nutrition Assistance Program disqualification and a disqualification from the Supplemental Nutrition Assistance Program may result in WIC Program disqualification;
- In accordance with Federal law and U.S. Department of Agriculture policy, no customer may be discriminated against on the grounds of race, color, national origin, sex, age, religion, political beliefs, or disability. Supplemental Nutrition Assistance Program customers must be treated in the same manner as non-Supplemental Nutrition Assistance Program customers;
- Participation can be withdrawn if my firm violates any laws or regulations issued by Federal, State or local agencies, including civil rights laws and their implementing regulations;
- I am responsible for reporting changes in the firm's ownership, address, type of business and operation to the Food and Nutrition Service.

Supplemental Nutrition Assistance Program authorization may not be transferred to new owners, partners, or corporations. An unauthorized individual or firm accepting or redeeming Supplemental Nutrition Assistance Program benefits is subject to substantial fines and administrative sanctions.

# Instructions for Form FNS-252-R Supplemental Nutrition Assistance Program Reauthorization Application for Stores

## General Instructions

**Filing Requirements:** The Supplemental Nutrition Assistance Program (SNAP) regulations require the Food and Nutrition Service (FNS) to periodically reauthorize stores for continued eligibility. Failure to cooperate may result in the withdrawal of your store. The information you provide on the FNS-252-R will be used by FNS to update our records and determine your store's continued eligibility to accept SNAP benefits. FNS may contact you for additional information or visit your store as part of this review.

### Which Filing Method Can I Use?

**Choose one of the following methods to apply for reauthorization.**

**Apply Online:** Once you've been notified that you are due for reauthorization, you can access the USDA, FNS website 24 hours a day, 7 days a week at <http://www.fns.usda.gov/snap> and follow the instructions.

**Apply by Mail:** You must complete the reauthorization application, Form FNS-252-R and attach any required documents requested by FNS to the application. Form FNS-252-R is not considered a valid application unless you sign and date it.

**Where to Mail Form FNS-252-R?** You must send Form FNS-252-R to the FNS Field Office mailing address listed on the cover letter included with the paper reauthorization application. You can also check our website at <http://www.fns.usda.gov/snap> to find the FNS Field Office serving your state.

### Reminders

You must answer all of the questions on Form FNS-252-R, with the following exceptions:

- If the store is no longer in business, skip Questions 2 through 8;
- If store is owned by a public-held corporation or government agency, skip Question 8.

**Specific Instructions.** This reauthorization application is pre-printed with information about your store currently on file with FNS. Review the preprinted information and check either Yes or No if the information we have on file is still correct. You will also be required to give answers about current store operations. Enter new or changed information in the spaces provided. Print or type your answers so they are clear and legible.

**Question 1 - Store Name:** Review the name of your store as it appears in FNS records.

**Question 1a - Store Still in Business:** Check **Yes** or **No**. If **No**, skip Questions 2 through 8. Sign, date, and mail Form FNS-252-R. Stores not in business may be withdrawn from the program.



If the name of the store has changed, make a pen-and-ink correction.

**Question 2 - Store Address:** Check **Yes** or **No** whether the store address is correct. If **No**, enter the new address for the store. If you notice a minor error in the current address, check **Yes**, but make a pen-and-ink correction.

**Question 3 - Store Telephone Number:** Enter the current store telephone number.

**Question 4 - Total Sales:** Enter the total sales from everything you sell at this store location as reported to the Internal Revenue Service in the most recent tax year. Round to the nearest dollar. Enter the tax year for these sales.

**Question 5 - Food Inventory:** For each of the food categories listed check the block to show whether or not your store stocks at least three different types of food items in each category on a daily basis. For example, cheese, milk, yogurt are different types of food: whole milk, skim milk, and chocolate milk are not. Include fresh, frozen, and canned foods when answering this question. For example, the meat/poultry/fish category would include canned meats and fish, refrigerated lunch meats, and frozen meats, such as chicken nuggets, as well as any fresh meats you carry.

**Question 5a - Sales Percent:** Enter the percent of your total sales that comes from the sale of these food items.

**Question 5b - Perishables:** Check the box that applies if you stock foods that are fresh, refrigerated or frozen in a least two of the food categories listed in question 5.

**Question 6 - Other Foods:** Check the box to show if you sell other foods such as snack food, soft drinks and/or condiments.

**Question 6a - Sales Percent:** If **Yes**, enter the percent of your total sales that come from the sale of these food items.

**Question 7 - Non-Food/Hot Food:** Check the box to show if you sell any non-food items or food that is hot when the customer pays for it.

**Question 7a - Items Carried:** If **Yes**, check the boxes to show which items you sell.

**Question 7b - Sales Percent:** Enter the percent of your total sales that comes from the sale of non-food items and hot foods.



The sum of percentages entered in Questions 5a, 6a, and 7b must equal 100 percent.

**Question 8 - Owner, Officer, Member, Shareholder Information:** All persons currently in FNS files as the primary owners/shareholders are listed. Check **No**, for each person who is **not** currently an owner/shareholder.

The term owner/shareholder includes owners, members, partners, and officers. In community property states it includes spouses. If the store is owned by public-held corporation or government agency, skip Question 8.

**Question 8a - Additional Persons:** Are there persons not listed who are primary owners/shareholders, or, in community property states, spouses? If **Yes**, go to the Continuation Page to enter additional persons who are owners/shareholders or their spouses.

## Continuation Page

**Question 8b - New Owner, Partner, Officer, Member, Shareholder Information:** Enter the first name, middle name, and last name of each added person as it appears on their social security card. Enter the home address, social security number and date of birth for each added person. In community property states (AZ, CA, ID, LA, NM, NV, TX, WA, and WI) spousal information must be entered for each person listed. Do not enter any information or return this page to FNS if store is owned by a publicly-held corporation or government agency.

If there are more than four new primary owners/shareholders to report, make a copy of the Continuation Page and enter the additional person(s) information.

**Question 8c and 8d - License denials/violations, criminal convictions:** For each question, check only one box. If you answer **Yes** to either question 8c or 8d provide an explanation.

**Name and Signature -** Before you sign Form FNS-252-R, read the attached Privacy Act Statement, Use and Disclosure Statement, Penalty Warning Statement, and Certification and Signature Acknowledgements.

Print full name and business title. Sign and date in the space provided. Mail the form in accordance with *Where to Mail Form FNS-252-R* section in the General Instructions.

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## Privacy Act and Paperwork Reduction Notice.

The time required to complete this information collection is estimated to average 7 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-NEW) 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. Instead see the *Where to Mail Form FNS-252-R* section of these instructions.

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