

|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Form <b>FNS-252</b><br>US Department of Agriculture<br>Food and Nutrition Service                                                                                                                                                                                                                                                                                                                                              | <b>SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM<br/>         APPLICATION FOR STORES</b>                                                                                                                                                                                                                                                                          | OMB APPROVED NO. 0584-0008<br>Expiration Date: XX/XX/XXXX                                                                                 |
| <b>FOR FIELD OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                               | FNS Number<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | Authorization Initials<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| Date Authorized<br><input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           |



**1** When did or when will the store open for business under your ownership (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**2** Store Name: \_\_\_\_\_ **3** Chain Store Number (if applicable): \_\_\_\_\_

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**4** Store Location Address (do not enter P.O. Box here):

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

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**5** Store Mailing Address: (Skip if your mailing address is the same as your store location. If you have a PO Box address, enter it in the street name field):

|                                  |              |                                                     |
|----------------------------------|--------------|-----------------------------------------------------|
| Street Number:                   | Street Name: | Additional Address (Bldg #, Unit #, Stall #, etc.): |
| City:                            | State:       | Zip Code:                                           |
| If foreign address, add Country: |              |                                                     |

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**6** Store Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ **7** Alternate Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

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**8** Do you want to receive official correspondence by email?  Yes  No

**8a** If Yes, enter owner or store email address here: \_\_\_\_\_

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**9** Is your business a delivery route, farmers' market, farm stand/stall/u-pick, military commissary/exchange or specialty food store that primarily sells one food type such as meat/poultry, seafood, bread, or fruits/vegetables?  Yes  No

|                                              |                                         |                                                       |                                                  |
|----------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Meat/Poultry Market | <input type="checkbox"/> Bakery         | <input type="checkbox"/> Military Commissary/Exchange | <input type="checkbox"/> Farm Stand/Stall/U-Pick |
| <input type="checkbox"/> Seafood Market      | <input type="checkbox"/> Produce Market | <input type="checkbox"/> Delivery Route               | <input type="checkbox"/> Farmers' Market         |

**Do not use this Form FNS-252 if you are applying as a restaurant. Restaurants must use Form FNS-252-2, Application for Meal Services.**

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**10** Type of Ownership (check only **one** box):

|                                                     |                                              |                                                    |                                           |
|-----------------------------------------------------|----------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Privately Held Corporation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Government Owned |
| <input type="checkbox"/> Publicly Owned Corporation | <input type="checkbox"/> Partnership         | <input type="checkbox"/> Nonprofit Cooperative     |                                           |

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**11** Corporation or Government Agency Information: If privately held corporation or limited liability company, enter the name and address of your corporation as on record with the State. If government owned, enter the name and address of the responsible government agency. If publicly owned corporation, enter the name and address of the parent corporate office. **All others skip to the next question.**

**11a** Corporation Name: \_\_\_\_\_

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**11b** Corporation Address:

|                                  |              |                                                     |
|----------------------------------|--------------|-----------------------------------------------------|
| Street Number:                   | Street Name: | Additional Address (Bldg #, Unit #, Stall #, etc.): |
| City:                            | State:       | Zip Code:                                           |
| If foreign address, add Country: |              |                                                     |

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**11c** If publicly owned or government owned, enter a contact person:

|                      |                                     |                      |
|----------------------|-------------------------------------|----------------------|
| Contact Person Name: | Telephone Number: ( ) _____ - _____ | Email Address: _____ |
|----------------------|-------------------------------------|----------------------|

**12** Owner/Officer Information: Enter the name and home address of all officers, owners, partners, and members. 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). **If this is a public corporation or government owned store, skip to question 13.** See instructions for more information about this question.

**12a** Print name exactly 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:<br>____-____-____ | Date of Birth: (MM/DD/YYYY)<br>____/____/____ | Business Title (i.e. owner, partner, spouse, etc.): |

**12b** Print name exactly 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:<br>____-____-____ | Date of Birth: (MM/DD/YYYY)<br>____/____/____ | Business Title (i.e. owner, partner, spouse, etc.): |

**12c** Print name exactly 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:<br>____-____-____ | Date of Birth: (MM/DD/YYYY)<br>____/____/____ | Business Title (i.e. owner, partner, spouse, etc.): |

**12d** Print name exactly 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:<br>____-____-____ | Date of Birth: (MM/DD/YYYY)<br>____/____/____ | Business Title (i.e. owner, partner, spouse, etc.): |

**13** 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

**13a** If Yes, provide an explanation:

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

Yes  No

**14a** If Yes, provide an explanation:

15 Do you sell products wholesale to other businesses such as hospitals or restaurants?  Yes  No  
 15a If Yes, does your retail food sales meet or exceed \$250,000 or 50% of your total sales?  Yes  No

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

17 **Total Retail Sales.** Enter the total retail sales from all products you sell at this location (both food and non-food products and services). If your store has been open under your ownership for more than one year, enter actual total retail sales from your most recent IRS tax return for this store (17a), or if your store has been open under your ownership for less than one year, you must provide estimated sales (17b). If you sell products wholesale to other businesses, do not include those sales. **You must complete either 17a or 17b.**

17a Actual Retail Sales: \$           .00 in Tax Year: 20

17b Estimated Retail Sales: \$           .00 (check one)  Day  Week  Month  Year

17c If you have an Employer Identification Number (EIN) enter it here:    -

18 Do you stock at least three different items in each of these food categories? Include fresh, frozen, canned, packaged. See instructions for more information.

- Breads/Grains (Examples: bread, cereal, pasta, rice, flour, etc.)  Yes  No
- Dairy (Examples: milk, butter, cheese, yogurt, infant formula, etc.)  Yes  No
- Fruits/Vegetables (Examples: frozen corn, dried beans, applesauce, canned peas, bananas, 100% juice, etc.)  Yes  No
- Meat/Poultry/Fish (Examples: canned meats and fish, ground beef, deli meats, bacon, frozen chicken, eggs, etc.)  Yes  No

18a What percent of your total retail sales comes from these food categories?  %

18b Do you stock fresh, frozen or refrigerated foods in at least two of these categories?  Yes  No

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

19a If Yes, what percent of your total retail sales comes from these items?  %

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

20a If Yes, check the items you carry:  tobacco products  alcohol  lottery  gasoline  hot food  other

20b If Yes, what percent of your total retail sales comes from these non-food and hot food items?  %

The sum of the three percentage figures above (18a, 19a, and 20b) must equal 100%

21 How many cash registers are at this store?

22 Is this store open year round?  Yes  No

22a If No, check which month(s) you are open:  
 Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

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

23a If No, indicate operating hours:

|            | Opening Time | Select AM or PM                                   | Closing Time | Select AM or PM                                   |
|------------|--------------|---------------------------------------------------|--------------|---------------------------------------------------|
| Monday:    | _____        | <input type="checkbox"/> <input type="checkbox"/> | _____        | <input type="checkbox"/> <input type="checkbox"/> |
| Tuesday:   | _____        | <input type="checkbox"/> <input type="checkbox"/> | _____        | <input type="checkbox"/> <input type="checkbox"/> |
| Wednesday: | _____        | <input type="checkbox"/> <input type="checkbox"/> | _____        | <input type="checkbox"/> <input type="checkbox"/> |
| Thursday:  | _____        | <input type="checkbox"/> <input type="checkbox"/> | _____        | <input type="checkbox"/> <input type="checkbox"/> |
| Friday:    | _____        | <input type="checkbox"/> <input type="checkbox"/> | _____        | <input type="checkbox"/> <input type="checkbox"/> |
| Saturday:  | _____        | <input type="checkbox"/> <input type="checkbox"/> | _____        | <input type="checkbox"/> <input type="checkbox"/> |
| Sunday:    | _____        | <input type="checkbox"/> <input type="checkbox"/> | _____        | <input type="checkbox"/> <input type="checkbox"/> |

**PRIVACY ACT STATEMENT - Authority:** Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 405(c)(2)(C) of the Social Security Act (42 U.S.C 405(c)(2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), 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;
- 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 of 2008, 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 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 - Routine Uses:** 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, and whether arising by general statute, or by regulation, rule, or order issued pursuant thereto, 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 information to other Federal and State agencies to verify the information reported by applicants and participating firms, 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 (excluding EINs and SSNs) 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 the Internal Revenue Service, for the purpose of reporting delinquent retailer and wholesaler monetary penalties of \$600 or more for violations committed under the SNAP. We will report each delinquent debt to the Internal Revenue Service on Form 1099-C (Cancellation of Debt). We will report these debts to the Internal Revenue Service under the authority of the Income Tax Regulations (26 CFR Parts 1 and 602) under section 6050P of the Internal Revenue Code (26 U.S.C 6050P);
- 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 (CNA) (42 U.S.C. 1786), for purposes of administering that Act and the regulations issued under that Act;
- Disclosures pursuant to 5 U.S.C. 55 2a(b)(12). We may disclose information to "consumer reporting agencies" as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Debt Collection Act of 1982 (31 U.S.C. 3711(d)(4));
- 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).

**CERTIFICATION AND SIGNATURE** - By signing below, 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 application may be denied or 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 Use and Disclosure statement;
- By my signature below, I release my tax records to the Food and Nutrition Service;
- I will receive Supplemental Nutrition Assistance Program training materials upon authorization. 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 Supplemental Nutrition Assistance Program regulations. If I do not receive these materials I must contact the Food and Nutrition Service to request them;
- 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 denied or 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.

**I have read, understand and agree with the conditions of participation outlined in the Privacy Act, Use and Disclosure, Penalty Warning and Certification Statements, and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program.**

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Title

**MAIL YOUR COMPLETED APPLICATION TO THE FOOD AND NUTRITION SERVICE ADDRESS FOR YOUR STATE (SEE FIRST PAGE OF INSTRUCTIONS).**

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

## General Instructions

Use Form FNS-252, Supplemental Nutrition Assistance Program Application for Stores to apply for authorization to participate in the Supplemental Nutrition Assistance Program.

These instructions should be used when submitting a paper application by mail to USDA, Food and Nutrition Service (FNS).

The information you provide on the application form will be used by FNS to determine your store's eligibility to accept and redeem Supplemental Nutrition Assistance Program benefits. Your store may be visited as part of this review. If approved, your store will be issued a Supplemental Nutrition Assistance Program license.

You must train your employees on the Supplemental Nutrition Assistance Program rules and regulations. Training materials are available on our public web for your convenience and included in your information packet if FNS approves your application. You may also obtain training information translated into other languages from this site.

***Do not use this Form FNS-252 if you are applying as a restaurant. Restaurants must use Form FNS-252-2, Application for Meal Services.***

## Reminders

You must answer all of the questions on the application form, with the following exceptions:



If the store is owned by a sole proprietorship, partnership or nonprofit cooperative skip question 11.



If the store is owned by a privately held corporation or LLC skip question 11c.



If the store is owned by a public corporation or government agency skip question 12.

## How to Apply

You can apply online or submit a paper application by mail. Use only one method.

## Which Filing Method Can I Use?

**Apply Online:** Go to the USDA, FNS website at: <http://www.fns.usda.gov/snap> and follow the instructions to submit an online application.

**Apply by Mail:** Complete Form FNS-252, attach the required documents, sign and date the application, and mail it to the FNS Field Office address for your state. The FNS Field Office address is listed on the cover letter that was mailed to you with the application. You can also find the FNS Field Office address for your state at: <http://www.fns.usda.gov/snap>.

## Authorization Processing Time

You must complete the application and submit all the supporting documents before FNS processes your application. An incomplete application or failure to submit documentation will result in a delay. FNS can take up to 45 days to process a completed application.



*You cannot accept Supplemental Nutrition Assistance Program benefits until you are authorized and licensed by FNS.*

Contact the FNS Field Office for your state to inquire about the status of an application.

## Specific Instructions

Print or type your answers so they are clear and legible. Keep a copy of what you submit to FNS for your records.

**Question 1 - Store Opening Date:** Enter the date that the store opened for business or will open for business under your ownership. You can enter a future opening date.

**Question 2 - Store Name:** Enter the name your store is doing business as.

**Question 3 - Chain Store Number:** Enter the store number if the store is part of a chain of stores and you refer to it by a number, i.e., "Fine Foods #426". Enter only the number in this field (do not enter a pound sign).

## Question 4 - Store Location Address:

Enter the store location address. Do not enter a P.O. Box number here. Use the Additional Address line for the unit number, building number, stall number, etc., for addresses with multiple stores at one location.

**Question 5 - Store Mailing Address:** If your store has a mailing address that is different than the location address, enter it here. If you have a P.O. Box, enter it in the street name field.

**Questions 6 - Store Telephone Number:** Enter the store's telephone number, including area code.

**Questions 7 - Alternate Telephone Number:** Enter an alternate telephone number, such as a cellular number, including area code. We may use the alternate telephone number to your store during a disaster situation.

**Question 8 - Official Correspondence:** Check the block to show if you would like to receive official correspondence via email.

**Question 8a:** If Yes, enter the email address where you want to receive Supplemental Nutrition Assistance Program information.

**Question 9 - Special Store Type:** Check Farmers Market if you represent a multi-stall market, operating at one or more locations, where farmers sell agricultural products (fruits/vegetables/meats/bread, etc.), and you wish to apply for an umbrella authorization to allow multiple vendors in the market to accept SNAP benefits.

Check Farm Stand/Stall/U-Pick if you produce and sell your own agricultural products at a road side stand, a stall at a market, and/or have a "pick-your-own" operation on your farm.

Check Produce Market if you primarily sell fruit/vegetable items purchased from others, rather than raised yourself.

Do not use this Form FNS-252 if you are applying as a restaurant. Restaurants must use Form FNS-252-2, Application for Meal Services.

**Question 10 - Ownership Type:** Select the ownership type that best describes your business.

**Question 11 - Corporation or Government Agency Information:** For privately held corporations and limited liability companies, enter the name and address that is on record with the State. For publicly owned corporations, enter the parent corporation name and address. For government owned stores, enter the name and address of the responsible government agency. For publicly owned corporations or government owned stores enter the name, telephone number and email address of the contact person or the person responsible for the Supplemental Nutrition Assistance Program license.

**Question 12 - Owner/Officer Information:** Do not complete this question if you indicated the ownership type is publicly owned corporation or government owned store in question 10. For all other ownership types, you must provide information for all owners, members, partners, primary shareholders and officers of corporations. In community property states (AZ, CA, ID, LA, NM, NV, TX, WA, and WI) spousal information must be entered for each person listed.

**For each Owner, Partner, Officer, Member, Shareholder and Spouse:** Enter the first name, middle name, and last name of each person exactly as it appears on their social security card. Enter the home address, social security number and date of birth for each person.

If there are more than four primary owners make a copy of page 2 and enter the additional person(s) information. FNS does not collect information on more than five primary owners.

**Questions 13 and 14 - License Denials/Violations, Criminal Convictions:** For each question, check only one box.

**Question 13a and 14a:** If you answer "Yes" to either question 13 or 14 provide an explanation.

**Question 15 - Wholesale Sales:** Check the box to show if this store sells products to other businesses (i.e., sells to hospitals, restaurants, etc).

**Question 15a:** If yes, indicate if your retail food sales meet or exceed \$250,000 or 50% of the store's total sales.

**Question 16 - Hot and/or Cold Freshly Prepared and Ready-to-Eat Foods:** Check the box to show if the sale of hot and/or cold freshly prepared ready-to-eat foods meet or exceed 50% of your total sales.

**Question 17 - Total Retail Sales:** Enter the total retail sales from all products you sell at this store location. This should include both food and non-food products and services (e.g., if the store sells gasoline, include gasoline sales here). If the store has been in business for at least a year under your ownership, provide the actual retail sales amount for this store as reported to the Internal Revenue Service in question 17a. If the store has been in business under your ownership for less than a year, you may enter estimated retail sales for an entire year in question 17b.



You must complete either question 17a or 17b, but not both.

**Question 17a - Actual Retail Sales:** Enter the actual total retail sales amount as reported to the Internal Revenue Service for this store and the tax year.

**Question 17b - Estimated Retail Sales:** Enter an estimated total retail sales amount as a daily, weekly, monthly, or yearly figure, and check the method that you used (daily/weekly/monthly/yearly).

**Question 17c - Federal Employer Identification Number (EIN):** An EIN is a nine digit number assigned by the Internal Revenue Service to businesses for tax filing and reporting purposes. If you have an EIN number enter it exactly as assigned.

**Question 18 - Food Inventory:** For each of the food categories listed check the box 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, and 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 18a - Sales Percent:** Enter the percent of your total retail sales that comes from the sales of these food items.

**Question 18b - Perishables:** Check the box that applies if you stock foods that are fresh, refrigerated or frozen in at least two of the food categories listed in question 18.

**Question 19 - Other Foods:** Check the box to show if you sell other foods such as snack foods, soft drinks and/or condiments.

**Question 19a:** If **Yes**, enter the percent of your total retail sales that come from the sales of these food items.

**Question 20 - 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 20a - Items Carried:** If **Yes**, check the boxes to show which items you sell. Check Other if you sell items like soap, pet food, paper products, baby diapers, cleaning supplies, health and beauty items etc.

**Question 20b - Sales Percent:** Enter the percent of your retail total sales that comes from the sales of these non-food items and hot foods.



The sum of 18a, 19a and 20b must equal 100 percent.

### **Question 21 - Number of Cash Registers:**

Enter the current number of cash registers at this store.

### **Question 22 - Store Open Year Round:**

Check the box to indicate if your store is open year-round.

**Question 22a:** If **No**, check the boxes next to the months your store is open for business.

**Question 23 - Open 24/7:** Check the box to indicate if your store is open 24 hours a day, 7 days a week.

**Question 23a:** If **No**, enter the opening and closing time for each day your store is open for business and indicate AM or PM.

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## **Privacy Act and Paperwork Reduction Notice.**

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