



Customer Number
NNNNNNNN

Documents & Eligibility

Acknowledgement Agreement

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Documents and Eligibility

Online Reauthorization Application Process:

Carefully review the following steps to complete the online reauthorization application process:

1. Fill out your online reauthorization application. Start by clicking the NEXT button below.
 - Use the HELP link above, to get help for each page in the application.
 - Use the links on the left hand side of each page to return to any section you already worked on.
2. View and print a copy of your reauthorization application to keep for your records.
3. Submit your reauthorization application online, by the due date stated in the letter from FNS.
4. If your updates include new owners or location address, supporting documents will be required. Instructions on submitting supporting documents will be displayed at the time you submit the reauthorization application.

Time-Saving Tips:


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

- Location address and current phone number for each store.
- A list of the full names of current owners or, if the store is owned by a corporation, the shareholders. If the store is in a community property state, you will need information on spouses.
- 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.
- Know the percentage of your sales from staple foods, snack or accessory foods, and all non-food items you sell.

If you exit the online reauthorization application before you complete and submit applications for all the stores listed, the data you entered will be saved for up to 30 days from your first log-in. You may log-in again to complete and submit your applications. Applications for all stores listed must be submitted at once.

To start your reauthorization application, click NEXT button below.

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Acknowledgement Agreement

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Acknowledgement Agreement

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) 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 (CAN) (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).

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-252-R section of these instructions.

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

- I am an owner of this firm; or am authorized to represent the firm regarding this reauthorization.
- 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 firms 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.
- 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;
- 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 accept responsibility on behalf of the firm for violations of the Supplemental Nutrition Assistance Program regulations, including those committed by any of the firms 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;
- 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 firms ownership, address, type of business and operation to the Food and Nutrition Service.

Accept Decline

Name of person completing this application for reauthorization:

First

Middle

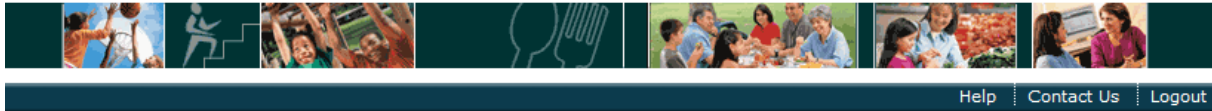
Last

Title

Phone Number where you can be reached:

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

If Yes, enter owner or store email address:



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 - Ownership Information
 - Sales Information
 - Inventory Information
- Complete Application
 - Review & Submit

You Are Here: Basic Store Information [Print Screen](#)

Basic Store Information

Store Name: MIDWAY MARKET [\(What is this?\)](#)
The store name(s) per FNS records. If incorrect, call customer service help desk at 1-877-823-4369 to report the correct name.

Store Number: NONE

Is this store still open for business?
 Yes No

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:

City:

State:
Virginia

Zip Code:

Enter the current store telephone number:
Example: 7032425477

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:
Monday 7:30 AM PM 8:30 AM PM

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



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 - **Ownership Information**
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You Are Here: Ownership Information

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Ownership Information

Store Name: YOKUMS STORE & MOTEL
Store Number: NONE

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

[Click here](#) if no person is listed below.

Is each person listed still an owner/officer/spouse? Check **Yes** or **No** for each person.

First	Middle	Last Name	YES	NO
SHIRLEY	BEATR	YOKUM	<input type="checkbox"/>	<input type="checkbox"/>

Are there any primary owners/officers, or their spouses (in community property states) that are **not** listed here? See Help for more information about this question. (If this is a publicly-held or government-owned entity, do not add any persons. Click No.)

Yes No

1. First Name: Middle Name: Last Name:

Street Number: Street Name:

Additional Address (Bldg#, Unit#, Stall#, etc.):

City: State: Zip Code:

Country:

SSN: Date of Birth: Title:

Example: 2123435555 *Enter in mmddyyyy format. Example: 01231976*

To remove the above primary owner, officer, or spouse, click [Remove Owner](#)
 Click **Next** or **Save and Continue** to save this action.

To add another primary owner, officer, or spouse, click [Add Another Owner](#)
 Click **Next** or **Save and Continue** to save this action.

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Has any officer, owner, partner, member, or manager ever had a license denied, withdrawn, 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, Please Explain:

Was any officer, owner, partner, member, or manager convicted of any crime after June 1, 1999? Yes No

If Yes, Please Explain :

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[Save and Continue Later](#)

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Review & Submit

You Are Here: Sales Information

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Sales Information

Store Name: YOKUMS STORE & MOTEL

Store Number: NONE

How many cash registers at this store?

Total Retail Sales : [\(What is this?\)](#)

All retail sales at this store location (cash, EBT, credit card) for 12 months.

Enter the actual total retail sales, as reported to IRS, from all products sold at this location. Include all food and non-food sales, for all forms of payment (cash, credit/debit, EBT). **Round to nearest dollar, do not enter cents or dollar sign:**

\$.00

Example: 250,000

Tax Year:

2010

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You Are Here: Inventory Information

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Inventory Information

Store Name: YOKUMS STORE & MOTEL
Store Number: NONE

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

Example: Milk, cheese, and yogurt are a variety of dairy items. Whole milk, skim milk, and chocolate milk are not a variety.

Breads/Grains
Example: bread, cereal, pasta, rice, flour, etc. Yes No

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

Fruits/Vegetables (fresh, canned/packaged, or frozen)
Examples: frozen corn, dried beans, applesauce, canned peas, bananas, 100% juice, etc. Yes No

Meat/Poultry/Fish (fresh, canned, refrigerated, frozen)
Examples: Canned meats and fish, ground beef, deli meats, bacon, frozen chicken, eggs, 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 these 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 the customer pays for it? Yes No

Select from the list, mark all that apply:

- Tobacco Products Alcohol
- Lottery Gasoline
- Hot foods Other

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

Total %

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Store Data

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Complete Application

- **Review & Submit**

You Are Here: Review and Submit

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Review and Submit

You are almost finished. Before you submit your update for reauthorization, you may wish to review the application for accuracy.

Once you are confident the information is complete and accurate, click the Print App button to view and print a copy of your SNAP Application for Reauthorization for Stores (FNS-252R) to keep for your records.

Number of Store Locations: 1


Store Name/Store Number	Address	Status	Action
YOKUMS STORE & MOTEL / NONE	RT 55 & RT 28, SENECA ROCKS, WV 26884	Complete	<input type="button" value="Print App"/>

If you want to keep a copy of the application, you must print it before you click the Submit button.

You will not be able to access the application after you click Submit.

By submitting this application for reauthorization you are affirming that you have read, understand, and agree with the conditions of participation in the [Acknowledgement Agreement](#) and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program. You are an owner/officer or authorized to complete the application for the store.

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

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