

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

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