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## Before You Begin

### Carefully review the following steps to complete the application process:

**Note:** The online application is a two-part process. Your application is not considered complete until you finish all five steps *AND* the Food and Nutrition Service (FNS) has received all supporting documentation from you.

#### Application Process:

1. **Fill out your online application.** Click the 'Start Application' button below to begin.
  - 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. **Review your application for accuracy.** Correct any mistakes before you submit your application.
3. **View and print your application.** Print an official copy of your application to keep for your records.
4. **Submit your application online,** following the instructions provided.
5. **Mail your supporting documents to FNS.** Instructions on your supporting documents are provided on-screen *AFTER* you submit your application and are specific to your application. After you mail your supporting documents to FNS, you can return to [www.fns.usda.gov/snap](http://www.fns.usda.gov/snap) to check the status of your online application.

 **TIP!** You can save your application and return to finish it later for up to 30 days from when you start. FNS deletes all saved applications that are not completed within 30 days.

**Gather the following information and documents before you start.** Use the 'Help' link above to see this list again, and to see examples of the documents needed.

- Date the store opened under your ownership.
- Corporate name and address if you are a private or public corporation.
- Home address, social security number, and date of birth for all owners, partners, corporate officers, and in community property states, spouses.
- Actual sales data from your most recent IRS business tax return if you have been open more than one year. If not, estimate sales for an entire year.
- Percentage of your sales from staple foods, snack or accessory foods, and all other non-food items you sell.
- Store hours of operation.
- Copies of Photo ID, Social Security Cards for owner(s).
- Business License for store.

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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**

Public reporting burden for this collection of information is estimated to average 10 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 (0584-0008) 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.

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

**Accept**  **Decline**

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You Are Here: Basic Information

## Basic Information

In this section, provide basic store information and answer every question. Use the help feature if you have any questions.

**When did or when will the store open for business under your ownership?**

/  /  (MM/DD/YYYY)

**What is the name your store is doing business as?**

Chain Store Number: [\(What is this?\)](#)

**What is your store's location address? (do not enter PO Box here)**

Street Number:

Street Name:

Additional Address Line:

**Is the store's mailing address the same as the store's location address?**

Yes  No

**Store Telephone Number:**

-  -

**Alternate Telephone Number: [\(What is this?\)](#)**

-  -

**Do you want to receive official Supplemental Nutrition Assistance Program correspondence by email?**

Yes  No

Owner or Store Email Address:

**Is your business a delivery route, military commissary, a farm stand/"u-pick", farmers' market or specialty food store that primarily sells one food type such as meat/poultry, seafood, bread, or fruits/vegetables?**

Yes  No

Select One

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## Ownership Information

In this section, provide information on the type of ownership as well as the identity of each owner. You must provide information for all owners, partners, members, or officers, if the store is owned by one or more people or a private corporation. 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).

**What is the ownership type of this store?**

Select One

**If you have an Employer Identification number (EIN) enter it here:**

- (What is this?)

**Enter the name and address of your corporation as on record with the State:**

Corporation Name:

Street Number:

Street Name (or Post Office Box):

Additional Address Line:

City:

State:

Select One

Zip Code:

-

Country:

United States of America

**Enter personal information for each owner, partner, member, officer of record.**

**Owner 1**

First Name:

Middle Name:

Last Name:

Street Number:

Street Name:

Additional Address Line:

City:

State:

Select One

Zip Code:

-

Country:

United States of America

Social Security Number:

- -

Date of Birth:

/ / (MM/DD/YYYY)

Title:

Select One

Add Owner

To add another partner, member, officer or spouse, click

**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

Please provide an explanation:

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

Yes  No

Please provide an explanation:

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## Sales Information

In this section, you will specify the store sales information.

**Do you sell products wholesale to other businesses such as hospitals or restaurants?**

Yes  No

Does your retail food sales meet or exceed \$250,000 or 50% of your total sales?

Yes  No

**Does the sale of hot and/or cold freshly prepared foods that are ready-to-eat exceed 50% of your total sales?**

Yes  No

**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 sales from your most recent IRS tax return for this store, or if your store has been open under your ownership for less than one year, you must provide estimated sales. If you sell products wholesale to other businesses, do not include those sales.

Retail sales are:  Estimated  Actual


\$  .00  Per day  Per month  Per week  Per year

Example: 250,000

**Round to nearest dollar, do not enter cents or dollar sign**

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## Inventory Information

In this section, you will specify the types of inventory that you carry at this location. The next question asks whether or not your store stocks a variety of food categories. A variety is defined as at least three different types of food in each category. Milk, cheese, and yogurt are a variety of dairy items. Whole milk, skim milk, and chocolate milk are not a variety.

**Do you stock at least three different types of food items in each of the following categories on a daily basis? Include fresh, frozen, canned, packaged.**

Bread/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)  
 (Example: frozen corn, dried beans, applesauce, canned peas, bananas, 100% juice, etc.)  Yes  No

Meat/Poultry/Fish (fresh, canned, refrigerated, frozen)  
 (Example: 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 that the customer pays for it?**  
 Yes  No

Select from the following list, mark all that apply:

- |                                   |                                    |  |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Alcohol  | <input type="checkbox"/> Lottery   | <input type="checkbox"/> Tobacco products            |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Hot foods | <input type="checkbox"/> Any other non-food products |

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

**Total:**  %

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## Supplemental Information

In this section, you will specify your store's operational information based on this store location.

**How many cash registers are at your store?**

**Is your store open year round?**

Yes  No

Indicate which month(s) you are open (mark all that apply):

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

**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:

<i>Example:</i>					
Monday	7:30	<input checked="" type="radio"/> AM <input type="radio"/> PM	8:30	<input type="radio"/> AM <input checked="" type="radio"/> PM	
	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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## Review and Submit

You are almost finished. Before you submit your application, read and follow all of the steps below.

1. **Review** your application for accuracy. Click the 'View/Print Application' button below to review your application. If you need to make any changes or correct any mistakes that you find, use the navigation menu on the left hand side to move from page to page in the form.



**TIP!** You cannot make changes or corrections to your application once you click Submit below.

2. **Print a copy of your application:** Print an official copy of the Supplemental Nutrition Assistance Program Application for Stores (FNS-252E) to keep for your records. Once an application is submitted, you are not able to view or print it. ([Acrobat Reader](#) is required to view PDF)

[View/Print Application \(PDF\)](#)



**TIP!** You will not be able to retrieve and print your application after you click Submit below.

3. **Submit Your Application:** If you're ready to submit your online application, use the 'Submit Application' button below.

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