




## SNAP Online Reauthorization Application Log In

If you recently received a letter from the Food and Nutrition Service telling you that your store(s) are due for reauthorization, use the Reauthorization Customer Number and Password displayed in the letter to log in and complete your reauthorization application.

If you did not receive a letter, your store is not yet due for reauthorization. Please exit now.

If you have questions, call 1-877-823-4369  or click [Help](#), above.

**Reauthorization Customer Number:**

**Password:**

**Login**

**Password Instruction:**  
Password is case sensitive.  
Enter it exactly as given in the letter.



**You have only 6 days remaining for submitting the Reauthorization data.**

Customer Number

SM94 2CVV JSU1

Documents & Eligibility

Acknowledgement Agreement

You Are Here: Documents and Eligibility

[Print Screen](#)

## 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 officers. 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 in community property states, spouses.
- 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.**

[Next](#)

[Print Screen](#)



Help | Contact Us | Logout

You have only 6 days remaining for submitting the Reauthorization data.

Customer Number

5884 2CVV JSH

Documents & Eligibility

Acknowledgement Agreement

You Are Here: Acknowledgement Agreement

Print Screen

### Acknowledgement Agreement

**PRIVACY ACT STATEMENT - Authority:** Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 205(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 276 (b) of the Supplemental Nutrition Assistance Program regulations provides for the collection of the owner's 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)(ii); 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 - 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 purposes 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 U.S.C. 55 2a(b) (1). We may disclose information to "consumer reporting agencies" as defined in the Fair Credit Reporting Act (15 U.S.C. 1681(f)) or the Debt Collection Act of 1992 (15 U.S.C. 1711(f)(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.

#### PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

Public reporting burden for this collection of information is estimated to vary from 1 to 11 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 that collects information does not conduct a survey, 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 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 Policy Support, Room 1014, 3101 Park Center Drive, Alexandria, VA 22304; ATTN: PRA (0584-0008). Do not return the completed form to this address.

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

**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; 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 as described in the Privacy Act and Use and Disclosure statement;
- SNAP training materials are available on request from the Food and Nutrition Service. Owners/Officers must 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.
- Violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Supplemental Nutrition Assistance Program; Violations of the Supplemental Nutrition Assistance Program rules can also result in Federal, State and/or local criminal prosecution and sanctions.
- Owners/Officers are responsible 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 the firm violates any laws or regulations issued by Federal, State or local agencies, including civil rights laws and their implementing regulations;
- Changes in the firm's ownership, address, type of business and operation must be reported 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.

**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).

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.

Accept  Decline

Name of person completing this application for reauthorization:

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Last

\_\_\_\_\_

Title

Select One

Phone Number where you can be reached:

Example: 555-555-5555

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Owner or Store Email Address:

Confirm Email Address:

\_\_\_\_\_

Next

Print Screen



You have only 6 days remaining for submitting the Reauthorization data.

- Customer Number
- SM94 2CVV JSU1**
- Documents & Eligibility
- Acknowledgement Agreement
- Store Data
  - Basic Information**
  - Ownership Information - Part 1
  - Ownership Information - Part 2
  - Sales Information
  - Inventory Information
- Complete Application
- Review & Submit

You Are Here: Basic Store Information

[Print Screen](#)

## Basic Store Information

**Store Name:** PINE PEACE MINI MART [\(What is this?\)](#)  
**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:**

6MB

**Street Name:**

ENIGHED

**Additional Address:**

**City:**

SAINT JOHN

**State:**

Virgin Islands

**Zip Code:**

00830

**Enter the current store telephone number:**

Example: 555-555-5555

-  -

**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

	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

[Next](#) [Save and Continue Later](#)

[Print Screen](#)



**You have only 6 days remaining for submitting the Reauthorization data.**

You Are Here: [Ownership Information - Part 1](#)

[Print Screen](#)

## Ownership Information

**Store Name:** PINE PEACE MINI MART  
**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
ENAD		SHALHOUT	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[+ Add Another Owner](#)

Click to Add any new primary owners, officers and/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.)

[Next](#)

[Save and Continue Later](#)

[Print Screen](#)

### Customer Number

SM94 2CVV JSU1

▶ Documents & Eligibility

▶ Acknowledgement Agreement

### Store Data

▶ Basic Information

▶ Ownership Information - Part 1

▶ Ownership Information - Part 2

▶ Sales Information

▶ Inventory Information

### Complete Application

▶ Review & Submit



You have only 6 days remaining for submitting the Reauthorization data.

- Customer Number  
SM94 2CVV JSU1
- Documents & Eligibility
- Acknowledgement Agreement
- Store Data
  - Basic Information
  - Ownership Information - Part 1**
  - Ownership Information - Part 2
  - Sales Information
  - Inventory Information
- Complete Application
- Review & Submit

You Are Here: Ownership Information - Part 1

Print Screen

## Ownership Information

**Store Name:** PINE PEACE MINI MART  
**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
ENAD		SHALHOUT	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**+ Add Another Owner** Click to Add any new primary owners, officers and/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.)

**Enter name exactly as it appears on Social Security card. Do not enter a person listed above.**

1. First Name:  Middle Name:  Last Name:

Street Number:  Street Name:

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

City:  State:  Zip Code:

Country:

Social Security Number:  -  -   
*Example: 555-55-5555*

Date of Birth:   
*Enter in mmddyyyy format. Example: 01231976*

Title:

Email Address (if applicable):

**Remove Owner**

**+ Add Another Owner**

**Next** **Save and Continue Later**

Print Screen



You have only 6 days remaining for submitting the Reauthorization data.

- Customer Number  
SM94 2CVV JSU1
- Documents & Eligibility
- Acknowledgement Agreement
- Store Data
  - Basic Information
  - Ownership Information - Part 1
  - Ownership Information - Part 2**
  - Sales Information
  - Inventory Information
- Complete Application
  - Review & Submit

You Are Here: Ownership Information - Part 2

[Print Screen](#)

## Ownership Information

Answer the following to complete ownership information. These questions apply to all owners, officers, and/or spouses.

First	Middle	Last Name
ENAD		SHALHOUT

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 (SNAP), WIC, business, alcohol, tobacco, lottery, or health license)?  Yes  No

If Yes, provide an explanation:

Is any officer, owner, partner, member, and/or manager currently or ever been suspended or debarred from conducting business with or participating in any program administered by the Federal Government?  Yes  No

If Yes, provide an explanation:

Is any officer, owner, partner, and/or member currently receiving SNAP benefits?  Yes  No

If Yes, and the store is already operating under this ownership, have the owner, partner, and/or member reported this income from the store to their SNAP caseworker?  Yes  No

If No, provide an explanation:

Has any officer, owner, partner and/or member ever been disqualified from receiving SNAP benefits as a recipient for an intentional program violation (IPV) or fraud?  Yes  No

If Yes, provide an explanation:

Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores?  Yes  No

If Yes, how many currently authorized SNAP stores do you own?

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

If Yes, provide an explanation:

[Next](#) [Save and Continue Later](#)

[Print Screen](#)



You have only 6 days remaining for submitting the Reauthorization data.

Customer Number

SM94 2CVV JSU1

- Documents & Eligibility
- Acknowledgement Agreement

Store Data

- Basic Information
- Ownership Information - Part 1
- Ownership Information - Part 2

▸ Sales Information

- Inventory Information

Complete Application

- Review & Submit

You Are Here: [Sales Information](#)

[Print Screen](#)

## Sales Information

**Store Name:** PINE PEACE MINI MART  
**Store Number:** NONE

**Number of cash registers at your store :**

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

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: Enter \$250,000.30 as 250000*

**Tax Year:**

 ▾

[Next](#)

[Save and Continue Later](#)

[Print Screen](#)





You have only 6 days remaining for submitting the Reauthorization data.

- Customer Number  
SM94 2CVV JSU1
- Documents & Eligibility
- Acknowledgement Agreement
- Store Data
  - Basic Information
  - Ownership Information - Part 1
  - Ownership Information - Part 2
  - Sales Information
  - Inventory Information**
- Complete Application
- Review & Submit

You Are Here: Inventory Information

[Print Screen](#)

## Inventory Information

Store Name: PINE PEACE MINI MART  
Store Number: NONE

Do you stock at least three different items in each of these food categories? Include fresh, frozen, canned, packaged. Click Help for more information on this question.

Example: Milk, cheese, and yogurt are three different types of dairy items. Whole milk, skim milk, and chocolate milk are not different types of dairy items.

### 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)

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 retail sales comes from these 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

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

%

Do you sell non-food items or food that is hot at the time the customer pays for it?

Yes  No

If Yes, check the items you carry::

- Tobacco Products
- Alcohol
- Lottery
- Gasoline
- Hot foods
- Other [\(What is this?\)](#)

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

%

Total  %

What is the Name and Address of the company that provides your EBT equipment and services?

EBT Company Name:

EBT Company Address:

Street Number:

Street Name:

Additional Address:

City:

State:

Zip Code:

 - 

If you have additional information or comments you would like to provide to FNS (such as any Store name change, updated mailing address, new or updated email address for each owner or officer listed, or any special circumstances that FNS should know, etc.) please provide the information here:

[Next](#) [Save and Continue Later](#)

[Print Screen](#)

**You have only 6 days remaining for submitting the Reauthorization data.**

Customer Number

SM94 2CVV JSU1

Documents & Eligibility

Acknowledgement Agreement

Store Data

Basic Information

Ownership Information - Part 1

Ownership Information - Part 2

Sales Information

Inventory Information

Complete Application

Review & Submit

You Are Here: Review and Submit

Print Screen

## Review and Submit

Before you submit your update for reauthorization, review the application for accuracy, by clicking the store address to see the data you entered, or click the Review App link for each store to view/save/print your application.

Once you are confident the information is complete and accurate;


- Click Accept to accept the Penalty Warning Statement then;
- Click Submit to finalize submission of your SNAP Application for Reauthorization for Stores (FNS-252-R)

**Number of Store Locations: 1**

Store Name/Store Number	Address	Status	Action
PINE PEACE MINI MART / NONE	<a href="#">6MB ENIGHED, SAINT JOHN, VI 00830</a>	Complete	<a href="#">Review App</a>

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.

- To view, print, and/or save the completed store reauthorization application you will need to have a copy of Adobe Acrobat Reader. This software is free.
- If you need a copy of this software click the icon 

**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).**

Accept  Decline

**Read the above warnings carefully. Once you are ready to submit your electronic application for reauthorization, click Accept to acknowledge you understand these warnings, then click Submit button. If the application is successfully submitted, a confirmation message will display more information about your reauthorization for SNAP.**

Submit

Print Screen



You Are Here: Confirmation

[Print Screen](#)

Customer Number

SM94 2CVV JSU1

## Confirmation

Thank you for submitting reauthorization application for **PINE PEACE MINI MART** at 6MB ENIGHED SAINT JOHN, VI 00830 , under Reauthorization Customer Number: **SM94 2CVV JSU1**

[Save Application](#)

Save the final SNAP Application for Reauthorization for Stores (FNS-252-R) for your records!

FNS may be in touch with you to follow-up on the information you reported in your application(s). Your store(s) may be visited by FNS or a contracted reviewer.

[Click here](#) to view and print another copy of the Privacy Act Statement, Use and Disclosure Statement, Penalty Warning Statement, and Certification and Signature Statement.

**It is your responsibility to ensure that you and your employees know and follow the SNAP rules and regulations. Violations of SNAP program regulations can result in loss of your authorization to accept SNAP EBT. SNAP regulations and retailer training materials are available online, at [www.fns.usda.gov/snap/retailers/store-training.htm](http://www.fns.usda.gov/snap/retailers/store-training.htm).**

Changes in the ownership, location, or name of business; civil or criminal convictions of owners or loss of other business licenses; owners suspended/debarred from any program administered by the Federal Government may void your SNAP permit. Failure to report such changes immediately to USDA may result in substantial fines and administrative sanctions.

If you have further questions, please call the SNAP Retailer Service Center at 1-877-823-4369

**Print a copy of this page for reference before you log out. You will not be able to return to this page after you log out.**

You may [logout](#) .

[Print Screen](#)

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
 REAUTHORIZATION APPLICATION FOR STORES**

Reauthorization Customer Number: SM94 2CVV JSU1

1 Store Name: PINE PEACE MINI MART 1a Is this store still open for business?  Yes  No

2 Store Operations:  
 2a Is this the current store location?  Yes  No  
 If No, enter current store location address.

Store Location Address (do not enter P.O. Box here):  
 Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_ Additional Address (Bldg #, Unit #, Stall #, etc.): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2b Owner or Store Email Address:  
 KPHAN@VENTERA.COM

2c Enter the current store telephone number: ( 876 ) 566 - 5458

2d Store Hours and Days of Operation:  
 Is this store open 7 days a week, 24 hours per day?  Yes  No  
 If No, indicate operating hours:

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

3 How many cash registers are at this store? 3

4 Total Retail Sales. 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. (Round sales to nearest dollar. Do not enter cents.)  
 Tax Year: 20 13 Total Retail Sales: \$ 000, 999, 999.00

5 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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Dairy	(Examples: milk, butter, cheese, yogurt, infant formula, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fruits/Vegetables	(Examples: frozen corn, dried beans, applesauce, canned peas, bananas, 100% juice, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Meat/Poultry/Fish	(Examples: canned meats and fish, ground beef, deli meats, bacon, frozen chicken, eggs, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

5a What percent of your total retail sales comes from these food categories? 100 %  
 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 retail sales comes from these items? 0 %

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 retail sales comes from these non-food and hot food items? 0 %

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

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

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Yes  No

Yes  No

Yes  No

Yes  No

**8a** Are there any primary owners/officers, or their spouses (in community property states), that are not listed here?

Yes  No

**If Yes**, go to 8b to enter information about these persons. See instructions for more information about this question.

**8b** If you answered **Yes** to Question **8a**, enter information for up to two additional owners/officers/spouses here. Make a copy of this page if you need to enter additional owner/officer/spouse information, and attach it to this application. Do not enter any information if your store is owned by a publicly-held corporation or government agency. **Do not enter information for persons listed above.**

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

First Name:		Middle Name:	Last Name:	
Street Number:	Street Name:		Additional Address (Bldg #, Unit #, Stall #, 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.):		Email Address:
- -	/ /			

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

First Name:		Middle Name:	Last Name:	
Street Number:	Street Name:		Additional Address (Bldg #, Unit #, Stall #, 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.):		Email Address:
- -	/ /			

**9 Answer the questions for all officers, owners, partners, members, and/or managers.**

**9a** 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 (SNAP), WIC, business, alcohol, tobacco, lottery, or health license)?

Yes  No

**9b** If **Yes**, provide an explanation:

**9c** Is any officer, owner, partner, member, and/or manager currently or ever been suspended or debarred from conducting business with or participating in any program administered by the Federal Government?

Yes  No

**9d** If **Yes**, provide an explanation:

**9e** Is any officer, owner, partner, and/or member currently receiving SNAP benefits?

Yes  No

**9f** If **Yes**, and the store is already operating under this ownership, have the owner, partner, and/or member reported this income from the store to their SNAP caseworker?

Yes  No

**9g** If **No**, provide an explanation:

**9h** Has any officer, owner, partner and/or member ever been disqualified from receiving SNAP benefits as a recipient for an intentional program violation (IPV) or fraud?

Yes  No

**9i** If **Yes**, provide an explanation:

**9j** Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores?

Yes  No

**9k** If **Yes**, how many currently authorized SNAP stores do you own? ()



## KEEP THIS PAGE FOR YOUR RECORDS

**PRIVACY ACT STATEMENT - Authority:** Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 205(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 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 - 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.

**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; 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 as described in the Privacy Act and Use and Disclosure statement.
- SNAP training materials are available on request from the Food and Nutrition Service. Owners/Officers must 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.
- Violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Supplemental Nutrition Assistance Program; Violations of the Supplemental Nutrition Assistance Program rules can also result in Federal, State and/or local criminal prosecution and sanctions.
- Owners/Officers are responsible 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 the firm violates any laws or regulations issued by Federal, State or local agencies, including civil rights laws and their implementing regulations;
- Changes in the firm's ownership, address, type of business and operation must be reported 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.