



You are here: [SNAP OSA Home](#)

## SNAP Online Store Application (OSA)

Welcome to the home of the Supplemental Nutrition Assistance Program's (SNAP) online application for stores.

Click from the list of options below to begin:

[Start New Application](#) ▶

[Continue Saved Application](#) ▶

[Check Status of Previously Submitted Application](#) ▶

[View/Print Cover Letter, Certification & Signature Statement and 252E Form](#) ▶

Online Store Application

Home

Get Started

Select Application Type

You Are Here: Select Application Type

## Select an application type to get started

STORE Application



Any firm (except for a Farmers' Market) should complete this application.

FARMERS' MARKET Application



Farmers' markets are defined as "multi-stall markets at which farmer-producers sell food products they produced (fruits, vegetables, meat, dairy, grains, etc.) directly to the general public, at a central or fixed location."

### 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 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 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 22302, 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.

The following application questions will be tailored towards your above selection.

Go

 Print Page



Online Store Application

▶ Home

Get Started

▶ Select Application Type

You Are Here: Select Application Type

## Select an application type to get started

**STORE Application**



Any firm (except for a Farmers' Market) should complete this application.

**FARMERS' MARKET Application**



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Go

 Print Page



Online Store Application

▶ Home

Get Started

▶ Select Application Type

▶ Before You Begin

▶ Acknowledgement Agreement

You Are Here: Before You Begin

## Before You Begin

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

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

#### Step #1:

1. **Gather the following information and documents before you start.**
  - a. Date the store opened under the current ownership.
  - b. Corporate name and address if you are a private or public corporation.
  - c. Home address, social security number, and date of birth for all owners, partners, corporate officers, and in community property states, spouses.
  - d. **Actual** sales data from the store's your most recent IRS business tax return, if it has been open under current ownership longer than one year. If not, an estimate of the store's annual sales.
  - e. Percentage of the store's sales from staple foods, snack or accessory foods, and all non-food items you sell.
  - f. Store hours of operation.
  - g. Copies of Photo ID, Social Security Cards for owner(s), and, in community property states, spouses.
  - h. Business license held by the store.
2. **Answer the online application questions.** Click the "Start Application" button below to begin.
  - a. Use the "Help" link in the upper right-hand corner of this page to get help on any page in the application.
  - b. Use the links on the left-hand side of each page to return to any section you already worked on.
3. **Review your application for accuracy.** Correct any mistakes before you submit your application.
4. **View and print your application.** Print an official copy of your application to keep for your records.
5. **Submit your application online, following the instructions provided.**

#### Step #2:

1. **Mail your supporting documents to FNS.** Instructions regarding your supporting documents are provided on-screen *AFTER* you submit your application and are specific to your application.
2. 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 up to 30 days after you start. FNS deletes all saved applications that are not completed within 30 days.

**Do not use this form if you are applying as a restaurant.** Click **Contact Us** to request further information.

Start Application

 [Print Page](#)



Online Store Application

▶ Home

Get Started

▶ Select Application Type

▶ Before You Begin

▶ Acknowledgement Agreement

You Are Here: Acknowledgement Agreement

## 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 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).**

**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.**

### PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

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Accept  Decline

[Next](#)

[Print Page](#)



Online Store Application

▶ Home

Get Started

▶ Select Application Type

▶ Before You Begin

▶ Acknowledgement Agreement

Store Information

▶ Basic Information

▶ Ownership Information

▶ Sales Information

▶ Inventory Information

▶ Supplemental Information

Finalize Application

▶ Review and Submit

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:

City:

State:

Select One ▼

Zip Code:

-

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

Yes  No

**Store Telephone Number:**

-  -

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

-  -

**Owner or Store Email Address:**

Confirm Email Address:

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

Yes  No

Select One ▼

Next

Save and Continue Later

Print Page



Online Store Application

▶ [Home](#)

Get Started

▶ [Select Application Type](#)

▶ [Before You Begin](#)

▶ [Acknowledgement Agreement](#)

Store Information

▶ [Basic Information](#)

▶ [Ownership Information](#)

▶ [Sales Information](#)

▶ [Inventory Information](#)

▶ [Supplemental Information](#)

Finalize Application

▶ [Review and Submit](#)

You Are Here: Ownership Information

## 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 officers, owners, partners, and members, 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). Click Help for more information about this question.

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

Select One ▼

**Has any officer, owner, partner, member and/or manager ever been 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 officer, owner, partner, and/or member reported this income from the store to their SNAP caseworker?**

Yes  No

**If No, provide an explanation:**

**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 Page](#)



- Online Store Application
- Home
- Get Started
- Select Application Type
- Before You Begin
- Acknowledgement Agreement
- Store Information
- Basic Information
- Ownership Information
- Sales Information
- Inventory Information
- Supplemental Information
- Finalize Application
- Review and Submit

You Are Here: Ownership Information

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What is the ownership type of this store?

Nonprofit Cooperative

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

- (What is this?)

Enter personal information for each owner, partner, member, officer of record. Enter name exactly as it appears on social security card.

### Owner 1

First Name: Middle Name:  
Last Name:  
Street Number: Street Name:  
Additional Address Line:  
City: State: Zip Code:  
Country: United States of America

Social Security Number: Date of Birth: (MM/DD/YYYY)

Title: Email Address:

To add another officer, owner, partner, member, or spouse, click [Add Owner](#)

Has any officer, owner, partner, member and/or manager ever been 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 officer, owner, partner, and/or member reported this income from the store to their SNAP caseworker?

Yes  No

If No, provide an explanation:

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 Page](#)



Online Store Application

▶ Home

Get Started

▶ Select Application Type

▶ Before You Begin

▶ Acknowledgement Agreement

Store Information

▶ Basic Information

▶ Ownership Information

▶ **Sales Information**

▶ Inventory Information

▶ Supplemental Information

Finalize Application

▶ Review and Submit

You Are Here: Sales Information

## 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 retail 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 week  Per month  Per year

*Example: 250,000*

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

[Next](#)

[Save and Continue Later](#)

 [Print Page](#)

Online Store Application

▶ Home

Get Started

▶ Select Application Type

▶ Before You Begin

▶ Acknowledgement Agreement

Store Information

▶ Basic Information

▶ Ownership Information

▶ Sales Information

▶ **Inventory Information**

▶ Supplemental Information

Finalize Application

▶ Review and Submit

You Are Here: Inventory Information

## 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. Click Help for more information.**

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 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

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 that the customer pays for it?**

Yes  No

Select from the following list, mark all that apply:

- Tobacco products       Alcohol       Lottery  
 Gasoline       Hot foods       Any other non-food products [\(What is this?\)](#)

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

**Total:**  %

[Print Page](#)



Online Store Application

- ▶ Home
- Get Started
- ▶ Select Application Type
- ▶ Before You Begin
- ▶ Acknowledgement Agreement
- Store Information
  - ▶ Basic Information
  - ▶ Ownership Information
  - ▶ Sales Information
  - ▶ Inventory Information
  - ▶ Supplemental Information
- Finalize Application
  - ▶ Review and Submit

You Are Here: Supplemental Information

## 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:

*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	

**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 (such as Store, Farmers' Market, etc.)?**

Yes  No

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

**If you have additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know), please provide the information here:**

[Print Page](#)

Online Store Application

▶ Home

Get Started

▶ Select Application Type

▶ Before You Begin

▶ Acknowledgement Agreement

Store Information

▶ Basic Information

▶ Ownership Information

▶ Sales Information

▶ Inventory Information

▶ Supplemental Information


Finalize Application

▶ Review and Submit

You Are Here: Review and Submit

## Review and Submit

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

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

1. **Review your application for accuracy.** Click the "View/Print Application" below to review your application. [Acrobat Reader](#) is required to view PDF. If you need to make any changes or correct any mistakes, use the navigation menu on the left hand side of the screen to move from page to page.

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

2. **CLICK THE BUTTON ABOVE PRIOR TO SUBMISSION TO PRINT YOUR APPLICATION FOR YOUR RECORDS.**
3. **Submit Your Application:** Once you're ready to submit your application, use the **Submit Application** button below. You will be allowed to submit the application **only** after you accept the penalty warning statement.

**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**  **Reject**

[Submit Application](#)

 [Print Page](#)



You Are Here: Documents to Mail

## Documents to Mail

### Documents to Mail to USDA's Food and Nutrition Service:

Your application was submitted and assigned **FNS Number - 0470682**. Please keep this number as it is a permanent ID for this store.

**You are NOT approved to accept SNAP benefits until FNS makes a determination regarding your eligibility.** FNS may take up to 45 days to process an application once it's complete and notify you of a decision in writing. In order to help determine your eligibility, an FNS employee or representative may visit your store.

In order to complete your application, you must mail supporting documentation as follows:

1. Print a 'Document Cover Sheet'. The cover sheet includes basic information about your store name and address. You must print and submit any documents to FNS with a cover sheet in order for us to match your documents with your application. ([Acrobat Reader](#) is required to view PDF)

[Click Here to Print the Required Cover Sheet](#)

2. Print and Sign a 'Certification and Signature Statement'. FNS does not accept electronic signatures at this time; therefore, you must provide an original written signature. ([Acrobat Reader](#) is required to view PDF)

[Click Here to Print the Required Certification and Signature Statement](#)

3. Submit at least one current business license in your name. [Click here](#) for examples.
4. Submit a copy of Photo Identification for all owners, partners, corporate officers, and spouses, if it is a community property state. [Click here](#) for examples.
5. Submit a copy of the Social Security Number for all owners, partners, corporate offices, and spouses if it is a community property state. [Click here](#) for examples.

You can mail the documents to:


**USDA, Food and Nutrition Service**  
**PO Box 14500 (USPS Only)**  
**Washington, DC 20044**

**IMPORTANT:** If you mail your documents, you **MUST** use the United States Postal Service (USPS). UPS, Federal Express, and other courier services will NOT deliver to a P.O. Box.

If you have questions, call: **(877) 823 - 4369**

[Back to Home](#)

[Logout](#)

 [Print Page](#)

## Mail With Documents

Dear Retailer:

You must include this cover letter with any documentation you submit to the Food and Nutrition Service to support your application to accept Supplemental Nutrition Assistance Program (SNAP) benefits. Failure to do so may result in a delay to your application.

This letter references your following FNS-252E electronic store application:

**FNS Number: 0470682**

**Osa Test Stores  
33131 Sunrise Valley  
Herndon, VA 20170**

Store Phone Number: **(571) 203 - 2014**

You must submit the following documents to complete your application. Send them to the Food and Nutrition Service office handling your file at the address below.

- ☒ Certification and Signature Statement.
- ☒ Copy of at least one of your current licenses to do business at the store location listed above.
- ☒ Copy of photo identification for all owners, partners, corporate officers/shareholders. If this is a community property state, also submit copy of photo identification for spouses.
- ☒ Copy of the Social Security number card for all owners, partners, corporate officers/shareholders. If this is a community property state, also submit copy for spouses.

You may check the status of your application online at [www.fns.usda.gov/snap](http://www.fns.usda.gov/snap). You may also check our web site to obtain training materials to ensure that you and your employees understand the rules and regulations of SNAP. If you have any questions regarding your application, please contact:

**USDA, Food and Nutrition Service  
PO Box 14500 (USPS Only)  
Washington, DC 20044**

Phone: **(877) 823 - 4369**

Sincerely,

USDA, Food and Nutrition Service

Supplemental Nutrition Assistance Program

# Electronic Application

## Mail With Documents

FNS Number: **0470682**

**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 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.

**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.**

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

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

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

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

Mon Jul 14 08:23:14 EDT 2014

## Keep For Your Records

Dear Retailer:

You must include this cover letter with any documentation you submit to the Food and Nutrition Service to support your application to accept Supplemental Nutrition Assistance Program (SNAP) benefits. Failure to do so may result in a delay to your application.

This letter references your following FNS-252E electronic store application:

**FNS Number: 0470682**

**Osa Test Stores  
33131 Sunrise Valley  
Herndon, VA 20170**

Store Phone Number: **(571) 203 - 2014**

You must submit the following documents to complete your application. Send them to the Food and Nutrition Service office handling your file at the address below.

- ☒ Certification and Signature Statement.
- ☒ Copy of at least one of your current licenses to do business at the store location listed above.
- ☒ Copy of photo identification for all owners, partners, corporate officers/shareholders. If this is a community property state, also submit copy of photo identification for spouses.
- ☒ Copy of the Social Security number card for all owners, partners, corporate officers/shareholders. If this is a community property state, also submit copy for spouses.

You may check the status of your application online at [www.fns.usda.gov/snap](http://www.fns.usda.gov/snap). You may also check our web site to obtain training materials to ensure that you and your employees understand the rules and regulations of SNAP. If you have any questions regarding your application, please contact:

**USDA, Food and Nutrition Service  
PO Box 14500 (USPS Only)  
Washington, DC 20044**

Phone: **(877) 823 - 4369**

Sincerely,

USDA, Food and Nutrition Service

Supplemental Nutrition Assistance Program



# Electronic Application

## Keep For Your Records

FNS Number: **0470682**

**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 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;
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**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

Mon Jul 14 08:23:14 EDT 2014

Form <b>FNS-252</b> US Department of Agriculture Food and Nutrition Service	<b>SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM          APPLICATION FOR STORES</b>	OMB APPROVED No. 0584-0008 Expiration Date: XX/XX/20XX	
<b>FOR FNS USE ONLY</b>	FNS Number <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 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Date Authorized <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):  
 01 / 01 / 2014

<b>2</b> Store Name: Osa Test Stores	<b>3</b> Chain Store Number (if applicable): 3
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**4** Store Location Address (do not enter P.O. Box here):

Street Number: 33131	Street Name: Sunrise Valley	Additional Address (Bldg #, Unit #, Stall #, etc.):
City: Herndon	State: VA	Zip Code: 20170

**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:		

<b>6</b> Store Telephone Number: ( 571 ) 203 - 2014	<b>7</b> Alternate Telephone Number: ( 571 ) 203 - 2013
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**8** Owner or Store Email Address: test@test.com

**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"/> Farmers' Market
<input type="checkbox"/> Seafood Market	<input type="checkbox"/> Produce Market	<input type="checkbox"/> Delivery Route	<input type="checkbox"/> Direct Marketing Farmer (Farm Stand/Stall/U-Pick)

**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.**

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

<input type="checkbox"/> Privately Held Corporation	<input checked="" 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	

**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:

**11b** Corporation Address:

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

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

Contact Person Name:	Telephone Number: ( ) -	Email Address:
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**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: Stores	Middle Name: Test	Last Name: Owners
Street Number: 123123	Street Name: Test Street	Additional Address (Unit #, Suite #, Apt #, etc.):
City: Reston	State: VA	Zip Code: 20190
Social Security Number: *** - ** - ****	Date of Birth: (MM/DD/YYYY) 11 / 25 / 1974	Business Title (i.e. owner, partner, spouse, etc.): Owner
		Email Address: test@test.com

**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:
Social Security Number: - -	Date of Birth: (MM/DD/YYYY) / /	Business Title (i.e. owner, partner, spouse, etc.):
		Email Address:

**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:
Social Security Number: - -	Date of Birth: (MM/DD/YYYY) / /	Business Title (i.e. owner, partner, spouse, etc.):
		Email Address:

**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:
Social Security Number: - -	Date of Birth: (MM/DD/YYYY) / /	Business Title (i.e. owner, partner, spouse, etc.):
		Email Address:

- 13** Answer the questions for **all** officers, owners, partners, members, and/or managers.
- 13a** Has any officer, owner, partner, member and/or manager ever been 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
- 13b** If Yes, provide an explanation:
- 13c** 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
- 13d** If Yes, provide an explanation:
- 13e** Is any officer, owner, partner, and/or member currently receiving SNAP benefits?  Yes  No
- 13f** If Yes, and the store is already operating under this ownership, have the officer, owner, partner, and/or member reported this income from the store to their SNAP caseworker?  Yes  No
- 13g** If No, provide an explanation:
- 13h** 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
- 13i** If Yes, provide an explanation:



**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 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.

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Signature

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

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

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