




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.



Store(s) data has been already submitted.

You Are Here: Confirmation

[Print Screen](#)

Customer Number

SXGB 9BU4 YFU1

Confirmation

Dear Retailer:

Thank you for your cooperation in updating essential information about **BROTHERS FAST STOP** at 36 Highway 252 Laurens, SC 29360 , submitted under Reauthorization Customer Number **SXGB 9BU4 YFU1**. Your store has been reauthorized for participation in the Supplemental Nutrition Assistance Program (SNAP).

[Save Application](#)

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

A few reminders about participation in the program:

- Your SNAP permit is only applicable for the address and owner(s) listed and cannot be transferred to other addresses or owners.
- The 7-digit number on the permit is the FNS number for the store. You will need this for service issues.
- **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.**
- **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.**
- Report changes to the SNAP Retailer Service Center at 1-877-823-4369

If you have questions about SNAP or your participation in the program, visit our website at www.fns.usda.gov/snap or call 1-877-823-4369. We look forward to our continued partnership in serving your community with this important program.

Sincerely,
USDA, Food and Nutrition Service
Supplemental Nutrition Assistance Program

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](#)



Customer Number

S2VL 4A9S 85U1

▶ Documents & Eligibility

▶ Acknowledgement Agreement

You have only 20 days remaining for submitting the Reauthorization data.

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](#)



You have only 20 days remaining for submitting the Reauthorization data.

Customer Number

S2VL 4A9S 85U1

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 405(c)(2)(C) of the Social Security Act (42 U.S.C 405(c)(2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), authorizes collection of the information on this application.

- Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;
- Additional disclosure of this information may be made to other Food and Nutrition Service programs and to other Federal, State or local agencies and investigative authorities when the Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act of 2008, as explained in the next section called "Use and Disclosure";
- Section 278.1(b) of the Supplemental Nutrition Assistance Program regulations provides for the collection of the owners Social Security Number (SSN), Employee Identification Number (EIN) and tax information;
- The use and disclosure of SSNs and EINs obtained by applicants is covered in the Social Security Act and the Internal Revenue Code. In accordance with the Social Security Act and the Internal Revenue Code, applicant social security numbers and employer identification numbers may be disclosed only to other Federal agencies authorized to have access to social security numbers and employer identification numbers and maintain these numbers in their files, and only when the Secretary of Agriculture determines that disclosure would assist in verifying and matching such information against information maintained by such other agency [42 U.S.C. 405(c)(2)(C)(iii); 26 U.S.C. 6109(f)];
- Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in 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 your 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.

PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

The time required to complete this information collection is estimated to average 7.10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate (0584-0008) or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Room 1014, 3101 Park Center Dr., Alexandria, VA 22302. Do not return the completed form to this address. Instead, see Where to Mail Form-252-R section of these instructions.

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 with other agencies, 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).

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:

[Print Screen](#)



You have only 20 days remaining for submitting the Reauthorization data.

- Customer Number
S2VL 4A9S 85U1
- 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: Liberty Tradeplus Inc [\(What is this?\)](#)
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:

Street Name:

Additional Address:

City:

State:

Pennsylvania

Zip Code:

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.

- Customer Number
SXGB 9BU4 YFU1
- 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: BROTHERS FAST STOP
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 shareholder 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
JAGJIT		SINGH	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[+ Add Another Owner](#)

Click to Add any new primary owners/officers or their spouses (in community property states) that are not listed here. See [HELP](#) for more information about this question. (If this is a publicly-held or government-owned entity, do not add any persons.)

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:
 SSN: Example: 555-55-5555 Date of Birth: Example: mmddyyyy format. Example: 01231976 Title:
 Email Address (if applicable):
[Remove Owner](#)

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

2. First Name: Middle Name: Last Name:
 Street Number: Street Name:
 Additional Address (Bldg#, Unit#, Stall#, etc.):
 City: State: Zip Code:
 Country:
 SSN: Example: 555-55-5555 Date of Birth: Example: 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
- SG8F KDV2 CDU1
- 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 Officers, Owners and/or Spouses.

First	Middle	Last Name
JAGJIT		SINGH
Tester		Two
Tester		One

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 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 your 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:

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 20 days remaining for submitting the Reauthorization data.

You Are Here: Sales Information

 [Print Screen](#)

Sales Information

Store Name: Liberty Tradeplus Inc
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:

2013 

[Next](#)

[Save and Continue Later](#)

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Customer Number

S2VL 4A9S 85U1

▶ 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 20 days remaining for submitting the Reauthorization data.

- Customer Number
S2VL 4A9S 85U1
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- Complete Application
 - Review & Submit**

You Are Here: Inventory Information

[Print Screen](#)

Inventory Information

Store Name: Liberty Tradeplus Inc
Store Number: NONE

Do you stock at least three different types of food items in each of the following food categories on a daily basis? Include fresh, frozen, or canned. 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 Yes No
Example: bread, cereal, pasta, rice, flour, etc.

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

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

Meat/Poultry/Fish (fresh, canned, refrigerated, frozen) Yes No
Example: Canned meats and fish, ground beef, deli meats, bacon, frozen chicken, eggs, etc.

What percent of your total retail sales comes from the above food categories? %

Do you stock fresh, frozen or refrigerated foods in at least two of these categories? Yes No

Do you sell "other" foods, such as snack foods, soft drinks, or condiments? Yes No

What percent of your total retail sales comes from these "other" foods? %

Do you sell non food items or food that is hot at the time the customer pays for it? Yes No

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

Total %

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 20 days remaining for submitting the Reauthorization data.

- Customer Number
- S2VL 4A9S 85U1**
- ▶ 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
Liberty Tradeplus Inc / NONE	3951 Roosevelt Blvd, Philadelphia, PA 19124	Complete	Review App

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.

[Print Screen](#)