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## SNAP Online Store Application (OSA)

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

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**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.**

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STORE Application



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FARMERS' MARKET Application



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## 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.**

- Date the market opened under the current ownership.
- Market's official name (the name you use on legal documents, such as leases, contracts, incorporation documents, etc.), mailing address, and address where the market is conducted (if different from the mailing address).
- Home address, social security number, and date of birth for a 'responsible official.' (You may have more than one Responsible Official).



**TIP:** The 'Responsible Official' is the person who accepts responsibility, on behalf of the market, for ensuring the market will adhere to applicable laws and FNS regulations, policies, and other guidance; and who will be held accountable in the event the market does not do so. Responsible officials may be an owner, board member, market manager, or person operating in a similar position of authority.

- Actual** sales data from the market's most recent IRS business tax return, if it has been open under current ownership for longer than one year. If not, an estimate of the market's annual sales.
  - Percentage of the market's sales that come from staple foods, snack or accessory foods, and all non-food items.
  - The market's operating schedule (i.e., months of the year it is open, days of the week it is open, and hours of day it is open).
  - Business licenses held by the market, **if any**.
2. **Answer the online application questions.** Click the 'Start Application' button below to begin.
- Use the 'Help' link in the upper right-hand corner of this page to get help on any page of the application.
  - 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:

- Send 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.
- After you send 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 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.

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Acknowledgement Agreement

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## Acknowledgement Agreement

**PRIVACY ACT STATEMENT - Authority:** Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 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 279.1(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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You Are Here: Basic Information

## Basic Information

In this section, provide basic market information. Make sure to answer every question and use the "Help" feature (the button in the upper right hand corner of the screen) if you have any questions.

**When did or when will the market open for business under the current ownership?**

/  /  (MM/DD/YYYY)

**What is the official name of the market? (the name you use on legal documents, such as leases, contracts, incorporation documents, etc.)**

**Market Number: (What is this?)**

**Supporting Organization: (What is this?)**

Select One ▼

**What is the address where the market is conducted? (i.e., where the market takes place)**

Street Number:

Street Name:

Additional Address Line:

City:

State:

Select One ▼

Zip Code:

-

**Is the market's mailing address the same as the address where the market is conducted?**

Yes  No

**Market Telephone Number:**

(i.e., number where the Responsible Official can be reached) (What is this?)

-  -

**Alternate Telephone Number: (What is this?)**

-  -

**Email Address: (i.e., email where Responsible Official can be reached)**

Confirm Email Address:

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You Are Here: Accountability Information

## Accountability Information

In this section, provide information that is necessary to maintain program integrity, such as information regarding the Responsible Official(s) and on the ownership type for the market.

**What is the market's ownership type? Pick the option that best describes your market.**

Select One

**Has any Responsible Official, officer, partner and/or member ever been denied, withdrawn or suspended, or been fined for license violations (i.e. Supplemental Nutrition Assistance Program, WIC, business, alcohol, tobacco, lottery, or health license)?**

Yes  No

If Yes, provide an explanation:

**Is any Responsible Official, officer, partner and/or member currently or ever been suspended or debarred from conducting business with or participating in programs administered by the Federal Government?**

Yes  No

If Yes, provide an explanation:

**Is any Responsible Official, officer, partner, and/or member currently receiving SNAP benefits?**

Yes  No

If Yes, and the market is already operating under your ownership, have you reported this income from the market to your SNAP caseworker?

Yes  No

If No, provide an explanation:

**Was any Responsible Official, officer, partner and/or member convicted of any crime after June 1, 1999?**

Yes  No

If Yes, provide an explanation:

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You Are Here: Accountability Information

## Accountability Information

In this section, provide information that is necessary to maintain program integrity, such as information regarding the Responsible Official(s) and on the ownership type for the market.

**What is the market's ownership type? Pick the option that best describes your market.**

Nonprofit Organization

**Enter the market's Employer Identification Number (EIN) here:**

-  (What is this?)

**Enter personal information for each Responsible Official.**

**Responsible Official 1**

First Name:

Middle Name:

Last Name:

Street Number:

Street Name:

Additional Address Line:

City:

State:

Select One

Zip Code:

-

Country:

United States of America

Date of Birth:

/  /  (MM/DD/YYYY)

Title:

Select One

Email Address:

To add another Responsible Official, click

**Has any Responsible Official, officer, partner and/or member ever been denied, withdrawn or suspended, or been fined for license violations (i.e. Supplemental Nutrition Assistance Program, WIC, business, alcohol, tobacco, lottery, or health license)?**

Yes  No

**Is any Responsible Official, officer, partner and/or member currently or ever been suspended or debarred from conducting business with or participating in programs administered by the Federal Government?**

Yes  No

**Is any Responsible Official, officer, partner, and/or member currently receiving SNAP benefits?**

Yes  No

**Was any Responsible Official, officer, partner and/or member convicted of any crime after June 1, 1999?**

Yes  No





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You Are Here: Accountability Information

## Accountability Information

In this section, provide information that is necessary to maintain program integrity, such as information regarding the Responsible Official(s) and on the ownership type for the market.

**What is the market's ownership type? Pick the option that best describes your market.**

Limited Liability Company

**Enter the market's Employer Identification Number (EIN) here:**

-  (What is this?)

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

Corporation Name:   
Street Number:  Street Name (or Post Office Box):   
Additional Address Line:   
City:  State:  Zip Code:  -   
Country:   
United States of America

**Enter personal information for each Responsible Official. Enter name exactly as it appears on social security card.**

**Responsible Official 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 Responsible Official, click [Add Responsible Official](#)

**Has any Responsible Official, officer, partner and/or member ever been denied, withdrawn or suspended, or been fined for license violations (i.e. Supplemental Nutrition Assistance Program, WIC, business, alcohol, tobacco, lottery, or health license)?**

Yes  No

**Is any Responsible Official, officer, partner and/or member currently or ever been suspended or debarred from conducting business with or participating in programs administered by the Federal Government?**

Yes  No

**Is any Responsible Official, officer, partner, and/or member currently receiving SNAP benefits?**

Yes  No

**Was any Responsible Official, officer, partner and/or member convicted of any crime after June 1, 1999?**

Yes  No

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## Sales Information

In this section, you will provide details regarding the market's sales.

**Does the market sell products, at wholesale, to other businesses, such as hospitals or restaurants?**

Yes  No

Do the market's annual retail food sales constitute at least \$250,000 OR 50% of your total sales? "Retail sales" are anything other than wholesale sales.

Yes  No

**Are 50% or more of the market's sales from hot food AND/OR cold, freshly-prepared foods?**

Yes  No

**Total Retail Sales:**

**Enter the market's total retail sales from all products (both food and non-food products/services).** If your market reported the amount of sales it made in the last tax year to the Internal Revenue Service (IRS), you must enter that amount in this field. If your market did not report sales to the IRS for the last tax year, enter your best good-faith estimate of the sales you expect to take place at your market in the next day, week, month, or year.

**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.**

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## Inventory Information

In this section, you will provide details regarding the inventory typically available at the market.

**Does the market typically offer at least three different types of food items in each of the following categories on each day the market is open?**

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/packageged, 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

Approximately what percentage of the market's total retail sales come from items in the four food categories?  %

**Does the market offer fresh or refrigerated (i.e., non-frozen or canned) foods in at least two of these food groups?**

Yes  No

**Does the market usually sell "other" foods, such as snack foods, soft drinks, or condiments?**

Yes  No

Approximately what percentage of the market's total retail sales comes from such "other" foods?  %

**Does the market usually sell non-food items OR food that is hot at the time 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 [\(What is this?\)](#)

Approximately what percentage of the market's total retail sales comes from non-food and hot food items?  %

**Total:**  %

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## Supplemental Information

In this section, you will provide details regarding the market's operating schedule.

**Is the market open year round?**

Yes  No

Indicate which month(s) the market is open (mark all that apply):

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

**Is the market open 7 days a week, 24 hours per day?**

Yes  No

Is the market open the same hours every day (7 days a week)?

Yes  No

Indicate the market's hours and days of operation:

*Example:*

Monday 7:30  AM  PM 8:30  AM  PM

Open Closed

Monday   AM  PM   AM  PM

Tuesday   AM  PM   AM  PM

Wednesday   AM  PM   AM  PM

Thursday   AM  PM   AM  PM

Friday   AM  PM   AM  PM

Saturday   AM  PM   AM  PM

Sunday   AM  PM   AM  PM

**Has any Responsible Official, officer, 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 Responsible Official, officer, 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:**

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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**

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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 - 0470683**. Please keep this number, as it is a permanent ID for the market.

**Your application is *NOT* considered *complete* until you submit your Supporting Documents to FNS.**

The Supporting Documents are:

1. **Document Cover Sheet.** The Document Cover Sheet includes basic information about the market, and is necessary so we can match your documents with your online application. You can view and print a Document Cover Sheet by clicking the button below. ([Acrobat Reader](#) is required to view PDF)

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

2. **Certification and Signature Statement.** For purposes of program integrity, the Responsible Official must print and sign a Certification and Signature Statement. You can view and print a Certification and Signature Statement by clicking the button below. ([Acrobat Reader](#) is required to view PDF)

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

3. Submit a copy of a government-issued Photo Identification (driver's license, passport, military ID, etc.) for the Responsible Official.
4. Submit a copy of the Social Security Card for the Responsible Official (if your organization answered the question of 'type of ownership' as 'Nonprofit Organization', then please skip this step).
5. Submit a copy of any current businesses licenses held by the market. If the market does not have any current business licenses, you may skip this requirement.

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.

**Lastly, please note that the market is *NOT* approved to accept SNAP benefits until FNS makes a determination regarding its eligibility. In order to help determine the market's eligibility, an FNS employee or representative may visit the market. FNS may take up to 45 days to process a *complete* application and notify you of a decision in writing.**

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

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## Mail With Documents

Dear Farmers' Market Applicant:

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: 0470683**

**Farm Test Mart  
121314 Sunrise Valley  
Herndon, VA 20171**

Phone Number: **(571) 102 - 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

- £ Certification and Signature Statement.
- £ Copy of any current business licenses held by the market. If the market does not have any current business licenses you may skip this requirement.
- £ Copy of photo identification for all responsible officials listed on the application.
- £ Copy of the Social Security number card for all responsible officials listed on the application.

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 everyone working at the market 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: **0470683**

**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 08:39:31 EDT 2014

## Keep For Your Records

Dear Farmers' Market Applicant:

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: 0470683**

**Farm Test Mart  
121314 Sunrise Valley  
Herndon, VA 20171**

Phone Number: **(571) 102 - 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

- £ Certification and Signature Statement.
- £ Copy of any current business licenses held by the market. If the market does not have any current business licenses you may skip this requirement.
- £ Copy of photo identification for all responsible officials listed on the application.
- £ Copy of the Social Security number card for all responsible officials listed on the application.

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 everyone working at the market 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: **0470683**

**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;
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X \_\_\_\_\_  
Signature

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

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

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

Mon Jul 14 08:39:31 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"/> <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):  
 02 / 02 / 2014

**2** Store Name: Farm Test Mart  
**3** Chain Store Number (if applicable): 4

**4** Store Location Address (do not enter P.O. Box here):  
 Street Number: 121314 Street Name: Sunrise Valley Additional Address (Bldg #, Unit #, Stall #, etc.):  
 City: Herndon State: VA Zip Code: 20171

**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:

**6** Store Telephone Number: ( 571 ) 102 - 2014  
**7** Alternate Telephone Number: ( 571 ) 102 - 2013

**8** Owner or Store Email Address: testfm@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

Meat/Poultry Market  Bakery  Military Commissary/Exchange  Farmers' Market  
 Seafood Market  Produce Market  Delivery Route  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):

Privately Held Corporation  Sole Proprietorship  Limited Liability Company  Government Owned  
 Publicly Owned Corporation  Partnership  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:  
 ( ) -

**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: Old	Middle Name: Test	Last Name: Farmer
Street Number: 102301	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 / 22 / 1979	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:

13j Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores?  Yes  No

13k If Yes, how many currently authorized stores do you own?

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

14a If Yes, provide an explanation:

15 Do you sell products wholesale to other businesses such as hospitals or restaurants?  Yes  No  
15a If Yes, does your retail food sales meet or exceed \$250,000 or 50% of your total sales?  Yes  No

16 Does the sale of hot and/or cold freshly prepared foods that are ready-to-eat exceed 50% of your total sales?  Yes  No

17 **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 (17a), or if your store has been open under your ownership for less than one year, you must provide estimated sales (17b). If you sell products wholesale to other businesses, do not include those sales. **You must complete either 17a or 17b.**

17a Actual Retail Sales: \$ \_\_\_\_\_ in Tax Year: 20\_\_\_\_

17b Estimated Retail Sales: \$ 225.00 (check one)  Day  Week  Month  Year

17c If you have an Employer Identification Number (EIN) enter it here:  \*  \* -  \*  \*  \*  \*  \*  \*

18 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 (Example: bread, cereal, pasta, rice, flour, etc.)  Yes  No
- Dairy (Example: milk, butter, cheese, yogurt, infant formula, etc.)  Yes  No
- Fruits/Vegetables (Example: frozen corn, dried beans, applesauce, canned peas, bananas, 100% juice, etc.)  Yes  No
- Meat/Poultry/Fish (Example: canned meats and fish, ground beef, deli meats,bacon, frozen chicken, eggs, etc.)  Yes  No

18a What percent of your total retail sales comes from these food categories?  75 %

18b Do you stock fresh, frozen or refrigerated foods in at least two of these categories?  Yes  No

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

19a If Yes, what percent of your total retail sales comes from these items?  15 %

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

20a If Yes, check the items you carry:  tobacco products  alcohol  lottery  gasoline  hot food  other

20b If Yes, what percent of your total retail sales comes from these non-food and hot food items?  10 %

The sum of the three percentage figures above (18a, 19a and 20b) must equal 100%

21 How many cash registers are at this store?  0

22 Is this store open year round?  Yes  No

22a If No, check which month(s) you are open:

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

23 Is this store open 7 days a week, 24 hours per day?  Yes  No

23a If No, indicate operating hours:

	Opening Time	Select AM or PM	Closing Time	Select AM or PM
Monday:	08:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	08:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Tuesday:		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday:	08:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	08:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Thursday:		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Friday:	08:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	08:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Saturday:		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Sunday:	08:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	08:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

24 If you have any 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:

Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text  
Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text Test Text  
Test Text.

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

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

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

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