

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

**Reauthorization Customer Number:**

**1** Store Name: \_\_\_\_\_ **1a** Is this store still open for business?  Yes  No

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

Store Location Address (do not enter P.O. Box here):

Street Number: _____	Street Name: _____	Additional Address (Bldg #, Unit #, Stall #, etc.): _____	
City: _____	State: _____	Zip Code: _____	

**2b** Owner or Store Email Address: \_\_\_\_\_

**2c** Enter the current store telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**2d** Store Hours and Days of Operation:

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

If **No**, indicate operating hours:

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

**3** How many cash registers are at this store? \_\_\_\_\_

**4** Total Retail Sales. Enter the actual total retail sales, as reported to IRS, from all products sold at this location. Include all food and non-food sales, for all forms of payment. (Round sales to nearest dollar. Do not enter cents.)

Tax Year: 20 \_\_\_\_ Total Retail Sales: \$ \_\_\_\_\_

**5** Do you stock at least three different items in each of these food categories? Include fresh, frozen, canned, packaged. See instructions for more information.

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

**5a** What percent of your total retail sales comes from these food categories? \_\_\_\_\_%

**5b** Do you stock fresh, frozen or refrigerated foods in at least two of these categories?  Yes  No

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

**6a** If **Yes**, what percent of your total retail sales comes from these items? \_\_\_\_\_%

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

**7a** If **Yes**, check the items you carry:  tobacco products  alcohol  lottery  gasoline  hot food  other

**7b** If **Yes**, what percent of your total retail sales comes from these non-food and hot food items? \_\_\_\_\_%

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

**8 Owners/Officers.** FNS records show the following persons are primary owners or officers of a private corporation that owns the store. In community property states, the spouse of an owner or officer is also listed. (Community property states are AZ, CA, ID, LA, NM, NV, TX, WA, WI). Is each person listed still an owner/officer/spouse? Check **Yes** or **No** for each person.

Yes  No

Yes  No

Yes  No

Yes  No

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

Yes  No

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

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

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

First Name:		Middle Name:	Last Name:	
Street Number:	Street Name:		Additional Address (Bldg #, Unit #, Stall #, etc.):	
City:		State:	Zip Code:	If foreign address, add Country:
Social Security Number:	Date of Birth: (MM/DD/YYYY)	Business Title (i.e. owner, partner, spouse, etc.):		Email Address:

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

First Name:		Middle Name:	Last Name:	
Street Number:	Street Name:		Additional Address (Bldg #, Unit #, Stall #, etc.):	
City:		State:	Zip Code:	If foreign address, add Country:
Social Security Number:	Date of Birth: (MM/DD/YYYY)	Business Title (i.e. owner, partner, spouse, etc.):		Email Address:

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

**9a** Has any officer, owner, partner, member, and/or manager ever had a license denied, withdrawn or suspended, or been fined for license violations (i.e. Supplemental Nutrition Assistance Program (SNAP), WIC, business, alcohol, tobacco, lottery, or health license)?

Yes  No

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

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

Yes  No

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

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

Yes  No

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

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

Yes  No

10a If Yes, provide an explanation:

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

12 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 in Question 8, or any special circumstances that FNS should know, etc.) please provide the information here:

**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. I am an owner/officer or authorized to complete the application for the store.

Print name: \_\_\_\_\_ Business title: \_\_\_\_\_  
First Name Middle Name Last Name (owner, officer, manager, etc.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Phone number where you can be reached

**KEEP THIS PAGE FOR YOUR RECORDS**

**PRIVACY ACT STATEMENT - Authority:** Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), authorizes collection of the information on this application.

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

**USE AND DISCLOSURE - Routine Uses:** We may use the information you give us in the following ways;

- We may disclose information to the Department of Justice (DOJ), a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in litigation and it has been determined that the use of such information is relevant and necessary and the disclosure is compatible with the purpose for which the information was collected;
- In the event that the information in our system indicates a violation of the Food and Nutrition Act or any other Federal or State law whether civil or criminal or regulatory in nature, and whether arising by general statute, or by regulation, rule, or order issued pursuant thereto, we may disclose the information you give us to the appropriate agency, whether Federal or State, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
- We may use your information, including SSNs and EINs, to collect and report on delinquent debt and may disclose the information to other Federal and State agencies, as well as private collection agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offset and referral to the Department of Justice for litigation. (**Note:** SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to verify the information reported by applicants and participating firms, and to assist in the administration and enforcement of the Food and Nutrition Act as well as other Federal and State laws. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to respond to specific requests from such Federal and State agencies for the purpose of administering the Food and Nutrition Act as well as other Federal and State laws;
- We may disclose information to other Federal and State agencies for the purpose of conducting computer matching programs;
- We may disclose information (excluding EINs and SSNs) to private entities having contractual agreements with us for designing, developing, and operating our systems, and for verification and computer matching purposes;
- We may disclose information to the Internal Revenue Service, for the purpose of reporting delinquent retailer and wholesaler monetary penalties of \$600 or more for violations committed under the SNAP. We will report each delinquent debt to the Internal Revenue Service on Form 1099-C (Cancellation of Debt). We will report these debts to the Internal Revenue Service under the authority of the Income Tax Regulations (26 CFR Parts 1 and 602) under section 6050P of the Internal Revenue Code (26 U.S.C. 6050P);
- We may disclose information to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), authorized under section 17 of the Child Nutrition Act of 1966 (CNA) (42 U.S.C. 1786), for purposes of administering that Act and the regulations issued under that Act;
- Disclosures pursuant to 5 U.S.C. 55 2a(b) (12). We may disclose information to "consumer reporting agencies" as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Debt Collection Act of 1982 (31 U.S.C. 3711(d)(4));
- We may disclose information to the public when a retailer has been disqualified or otherwise sanctioned for violations of the Program after the time for administrative and judicial appeals has expired. This information is limited to the name and address of the store, the owner(s) name(s) and information about the sanction itself. The purpose of such disclosure is to assist in the administration and enforcement of the Food and Nutrition Act and Supplemental Nutrition Assistance Program regulations.

**KEEP THIS PAGE FOR YOUR RECORDS**

**CERTIFICATION AND SIGNATURE** - By signing the application for reauthorization you are confirming your understanding of and agreement with the following:

- I am an owner of this firm; or am authorized to represent the firm regarding this reauthorization.
- I have provided truthful and complete information on this form and on any documents provided to the Food and Nutrition Service;
- If I provide false information, my authorization to accept Supplemental Nutrition Assistance Program (SNAP) benefits may be withdrawn;
- Any information I have provided or will provide may be verified and shared by the USDA as described in the Privacy Act and Use and Disclosure statement.
- SNAP training materials are available on request from the Food and Nutrition Service. Owners/Officers must ensure that the training materials are reviewed by all firm's owners and all employees (whether paid or unpaid, new, full-time or part-time) and that all employees will follow SNAP regulations.
- Violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Supplemental Nutrition Assistance Program; Violations of the Supplemental Nutrition Assistance Program rules can also result in Federal, State and/or local criminal prosecution and sanctions.
- Owners/Officers are responsible for violations of the Supplemental Nutrition Assistance Program regulations, including those committed by any of the firm's employees, paid or unpaid, new, full-time or part-time. These include violations such as, but not limited to:
  - Trading cash for Supplemental Nutrition Assistance Program benefits (i.e., trafficking);
  - Accepting Supplemental Nutrition Assistance Program benefits as payment for ineligible items;
  - Accepting Supplemental Nutrition Assistance Program benefits as payment on credit accounts or loans;
  - Knowingly accepting Supplemental Nutrition Assistance Program benefits from people not authorized to use them;
- Disqualification from the WIC Program may result in Supplemental Nutrition Assistance Program disqualification and a disqualification from the Supplemental Nutrition Assistance Program may result in WIC Program disqualification;
- In accordance with Federal law and U.S. Department of Agriculture policy, no customer may be discriminated against on the grounds of race, color, national origin, sex, age, religion, political beliefs, or disability. Supplemental Nutrition Assistance Program customers must be treated in the same manner as non-Supplemental Nutrition Assistance Program customers;
- Participation can be withdrawn if the firm violates any laws or regulations issued by Federal, State or local agencies, including civil rights laws and their implementing regulations;
- Changes in the firm's ownership, address, type of business and operation must be reported to the Food and Nutrition Service.

Supplemental Nutrition Assistance Program authorization may not be transferred to new owners, partners, or corporations. An unauthorized individual or firm accepting or redeeming Supplemental Nutrition Assistance Program benefits is subject to substantial fines and administrative sanctions.

# Instructions for Form FNS-252-R Supplemental Nutrition Assistance Program Reauthorization Application for Stores



## General Instructions

**Filing Requirements:** The Supplemental Nutrition Assistance Program (SNAP) regulations require the Food and Nutrition Service (FNS) to periodically reauthorize stores for continued eligibility. Failure to cooperate may result in the withdrawal of your store. The information you provide on the FNS-252-R will be used by FNS to update our records and determine your store's continued eligibility to accept SNAP benefits. FNS may contact you for additional information or visit your store as part of this review.

## How to Apply?

**Apply Online:** If you've been notified to apply online for reauthorization, follow the instructions on the letter you received.

**Apply by Mail:** You must complete the reauthorization application, Form FNS-252-R and attach any required documents requested by FNS to the application. Form FNS-252-R is not considered a valid application unless you sign and date it.

**Where to Mail Form FNS-252-R?** You must send Form FNS-252-R to the FNS mailing address listed on the cover letter included with the paper reauthorization application.

## Reminders

You must answer all of the questions on Form FNS-252-R, with the following exceptions:

- If the store is no longer in business, skip Questions 2 through 11;
- If store is owned by a publicly-held corporation or government agency, skip Question 8.

**Specific Instructions.** This reauthorization application is pre-printed with information about your store currently on file with FNS. Review the preprinted information and check either Yes or No if the information we have on file is still correct. You will also be required to give answers about current store operations. Enter new or changed information in the spaces provided. Print or type your answers so they are clear and legible.

**Question 1 - Store Name:** Review the name of your store as it appears in FNS records.

**Question 1a - Store Still in Business:** Check **Yes** or **No**. If **No**, skip Questions 2 through 11. Sign, date, and mail Form FNS-252-R. Stores not in business will be withdrawn from the program.



If the name of the store has changed, make a pen-and-ink correction.

## Question 2 - Store Operations:

**Question 2a - Store Address:** Check **Yes** or **No** whether the store address is correct. If **No**, enter the new address for the store. If you notice a minor error in the current address, check **Yes**, but make a pen-and-ink correction.

**Question 2b - Email Address:** Enter the owner or store email address where you want to receive Supplemental Nutrition Assistance Program information.

**Question 2c - Store Telephone Number:** Enter the current store telephone number.

**Question 2d - Store Hours and Days of Operation:** Check the box to indicate if your store is open 7 days a week, 24 hours per day. If **No**, enter the opening and closing time for each day your store is open for business and indicate AM or PM.

**Question 3 - Number of Cash Registers:** Enter the current number of cash registers at this store. The term cash registers means all places in the store where you accept payment.

**Question 4 - Total Retail Sales:** Enter the total actual retail sales from everything you sold at this store location as reported to the Internal Revenue Service in the most recent tax year. Round to the nearest dollar. Enter the tax year for these sales. Include all food, non-food, and hot food. Include all forms of payment (cash, credit/debit cards, EBT).

**Question 5 - Food Inventory:** For each of the food categories listed check the box to show whether or not your store stocks at least three different types of food items in each category on a daily basis. For example, cheese, milk, and yogurt are different types of dairy; whole milk, skim milk, and chocolate milk are not. Include fresh, frozen, and canned foods when answering this question. For example, the meat/poultry/fish category would include canned meats and fish, refrigerated lunch meats, and frozen meats, such as chicken nuggets, as well as any fresh meats you carry.

**Question 5a - Sales Percent:** Enter the percent of your total retail sales that comes from the sale of these food items.

**Question 5b - Perishables:** Check the box that applies if you stock foods that are fresh, refrigerated or frozen in a least two of the food categories listed in question 5.

**Question 6 - Other Foods:** Check the box to show if you sell other foods such as snack food, soft drinks and/or condiments.

**Question 6a - Sales Percent:** If you answer **Yes** to question 6, enter the percent of your total retail sales that come from the sale of these food items.

**Question 7 - Non-Food/Hot Food:** Check the box to show if you sell any non-food items or food that is hot when the customer pays for it.

**Question 7a - Items Carried:** If you answer **Yes** to question 7, check the boxes to show which items you sell. Check Other if you sell items like soap, pet food, paper products, baby diapers, cleaning supplies, health and beauty items, etc.

**Question 7b - Sales Percent:** Enter the percent of your total retail sales that comes from the sale of these non-food items and hot foods.



The sum of percentages entered in Questions 5a, 6a, and 7b must equal 100 percent.

**Question 8 - Owner/Officer Information:** All persons currently in FNS files as the primary owners/officers are listed. Check **No**, for each person who is **not** currently an owner/officer.

The term owner/officer includes owners, officers, members, partners, and primary shareholders. If this store owned by a non-profit organization, enter information for the primary officers. In community property states it includes spouses. If the store is owned by publicly-held corporation or government agency, skip Question 8.

**Question 8a - Additional Persons:** Are there persons not listed who are owners/officers, or in community property states, spouses? If **Yes**, go to Question 8b to enter additional persons who are owners/officers or their spouses.

If there are more than two new primary owners/officers to report, make blank copies of Question 8b and enter the additional person(s) information, and attach it to this application.

**Question 8b - New Owner, Partner, Officer, Member, Information:** Enter the first name, middle name, and last name of each added person exactly as it appears on their social security card. Enter the home address, social security number, date of birth, and business title for each added person. In community property states (AZ, CA, ID, LA, NM, NV, TX, WA, and WI) spousal information must be entered for each person listed. Do not enter any information or return this page to FNS if the store is owned by a publicly-held corporation or government agency.

**Email Address:** Enter the email address from all owners/officers here (optional).

### Questions 9 and 10 - Ownership Questions:

For each question, check only one box.

**Question 9b, 9d or 10a:** If you answer "Yes" to either question 9a, 9c or 10, provide an explanation.

**Question 9g:** If you answer "No" to question 9f, provide an explanation.

**Question 9i:** If you answer "Yes" to question 9h, provide an explanation.

**Question 9k:** If you answer "Yes" to question 9j, how many currently authorized SNAP stores do you own?

**Question 11 - EBT Provider Information:** Enter the Name and Address of the company that provides your EBT equipment and services.

### Question 12 - Additional Information or

**Comments:** Enter any additional information or comments you would like to provide to FNS, such as Store name change, updated mailing address, new or updated email address for each owner or officer listed in Question 8, or any special circumstances that FNS should know.

**Name and Signature -** Before you sign Form FNS-252-R, read the attached Privacy Act Statement, Use and Disclosure Statement, Penalty Warning Statement, and Certification and Signature Acknowledgment.

Print your full name and business title. Sign and date in the space provided. Provide a phone number where we can call you if we have questions about the information you provided. Mail the form in accordance with *Where to Mail Form FNS-252-R* section in the General Instructions.

### 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. Instead, see Where to Mail Form FNS-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.