

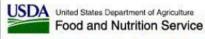
Click from the list of options below to begin:

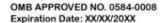
Start New Application

Continue Saved Application

Check Status of Previously Submitted Application

<u>View/Print Cover Letter, Certification & Signature Statement and 252E</u>
<u>Form</u> ▶















Online Store Application

▶ Home

Get Started

Select Application Туре

You Are Here: Select Application Type

Select an application type to get started





Farmers' markets are defined as "multi-stall markets at which farmerproducers 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

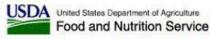
Public reporting burden for this collection of information is estimated to vary from 1 to 11 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An 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.



Print Page













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Online Store Application

▶ Home

Get Started

Select Application

You Are Here: Select Application Type

Select an application type to get started





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Online Store Application

▶ Home

Get Started

Select Application Type

Before You Begin

Acknowledgement Agreement

You Are Here: Before You Begin

Before You Begin

Carefully review the following steps to complete the application process:

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

Step #1:

- 1. Gather the following information and documents before you start.
 - a. 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).
 - c. 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.

 d. 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.
- e. Percentage of the market's sales that come from staple foods, snack or accessory foods, and all non-food items.
- f. 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).
- g. Business licenses held by the market, if any.
- 2. Answer the online application questions. Click the 'Start Application' button below to begin.
 - a. Use the 'Help' link in the upper right-hand corner of this page to get help on any page of the application.
 - b. Use the links on the left-hand side of each page to return to any section you already worked
- 3. Review your application for accuracy. Correct any mistakes before you submit your application
- View and print your application. Print an official copy of your application to keep for your records
- 5. Submit your application online, following the instructions provided.

Step #2:

- 1. 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 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.

Start Application







Online Store Application Get Started ▶ Before You Begin Acknowledgement Agreement

Acknowledgement Agreement

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

 Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;

 Additional disclosure of this information may be made to other Food and Nutrition Service programs and the supplemental Nutrition Act of 2008, as explained in the next section colled "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 employer identification numbers may be Secretary of Agriculture determines that disclosure would assist in verifying and matching such U.S.C. 6109(f)];

 Furnishing the Information on this form, including your SSN and EIN, is voluntary but failure to do

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

- 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; 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);

- agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offsets and referral to the Department of Justice for Itigation. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information); information to other Federal and State agencies to verify the information reported for the production of the production of 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 to other Federal and State agencies for the purpose of conducting computer matching purposes; we may disclose information to the Internal Revenue Service, for the purpose of reporting delinquent reatiler 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 1999-C (Cancellation of Debt). We will report these debts to the Internal Revenue Service under Internal Revenue Code (26 U.S.C. 6050P); (26 CFR Parts 1 and 602) under section 17 of the Child Nutrition Act of 1966 (CNA) (42 U.S.C. 1756), for purposes of administering to consumer reporting send purposes of sendinistering that Act and the regulations issued under that Act; (150 CFR Parts 1 and 602) under section 17 of the Child Nutrition Act of 1966 (CNA) (42 U.S.C. 1756), for purposes of administeration to "consumer reporting sendinisters pursuant to 5 U.S.C. (550P); (150 CFR Parts 1 and 602) under section 17

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.

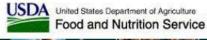
PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

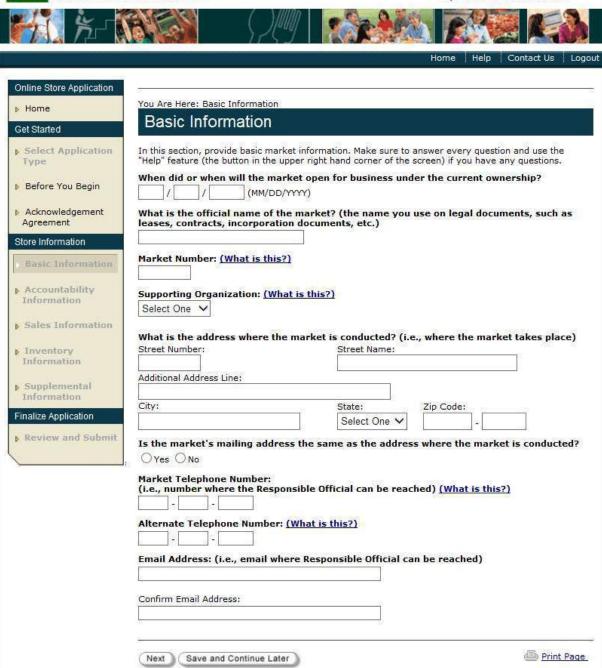
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To file a complaint of Discrimination, write to the USDA, Director, Office of Adjudication, 1400 Independence Ave, SW, Washington, DC 20250-9410. Do not send the completed application form to this

0	accept	Decline

Print Page





Next Save and Continue Later

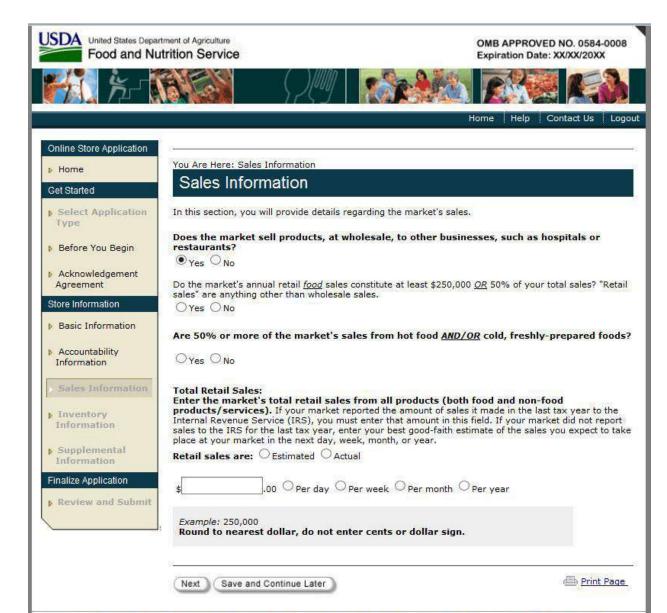
FOIA | Accessibility Statement | Privacy Policy | Non-Discrimination Statement | Information Quality | USA.qoy | White House

OMB APPROVED NO. 0584-0008 Expiration Date: XX/XX/20XX

JSDA

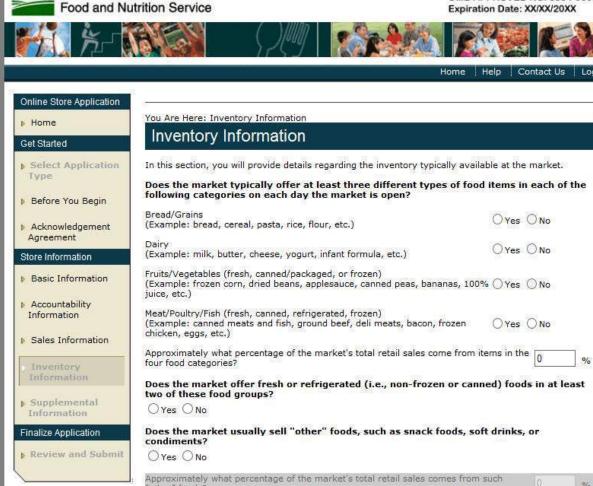
United States Department of Agriculture

Food and Nutrition Service





OMB APPROVED NO. 0584-0008



Does the market usually sell non-food items OR food that is hot at the time the customer pays for it?

● Yes ○ No

Next

Select from the following list, mark all that apply:

Alcohol Lottery Tobacco products

Any other non-food products Hot foods (What is this?)

Approximately what percentage of the market's total retail sales comes from non-food

and hot food items?

Total: 0 0/0

%

Print Page Save and Continue Later





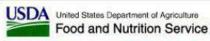








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			Home Help	Contact Us
e Store Application				
me Y	ou Are Here: Supp	elemental Information		
started	Supplemer	ntal Information		
lect Application	n this section, you	will provide details regarding	g the market's operating schedule.	
fore You Regin	s the market op		the marker's operating schedule.	
)Yes ● No			
		th(s) the market is open (ma	ark all that apply):	П.
Information		80 665 66	85 8	ov □ Dec
Sic Illioi madon	s the market ope OYes • No	en 7 <mark>d</mark> ays a week, 24 hou	rs per day?	
THE RESERVE OF THE PARTY OF THE	s the market open O Yes No	the same hours every day (7 days a week)?	
Ír		s's hours and days of operati	on:	
	Example:			
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pplemental	Open	Closed		
ize Application	londay	OAM OPM	OAM OPM	
75.0	uesday	OAM OPM	O AM O PM	
W	/ednesday	OAM OPM	OAM OPM	
≈т	hursday	OAM OPM	OAM OPM	
Fi	riday	OAM OPM	OAM OPM	
s	aturday	OAM OPM	OAM OPM	
s	unday	OAM OPM	OAM OPM	
		enefits as a recipient for	ner and/or member ever been di an intentional program violation	
			^	
			~	
S	NAP authorized Yes ONo	sible Official, officer, par stores (such as Store, Fa currently authorized stores d		wn any other
			ments you would like to provide I know), please provide the infor	
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Home Help Contact Us Logout

Online Store Application

▶ Home

Get Started

- Select Application Type
- ▶ Before You Begin
- Acknowledgement Agreement

Store Information

- ▶ Basic Information
- Accountability Information
- ▶ Sales Information
- ▶ Inventory Information
- Supplemental Information

Finalize Application

Review and Submit

You Are Here: Review and Submit

Review and Submit

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



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

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

View/Print Application (PDF)

- 2. CLICK THE BUTTON ABOVE PRIOR TO SUBMISSION TO PRINT YOUR APPLICATION FOR YOUR
- 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.

O Accept O Reject

Submit Application

Print Page











You Are Here: Documents to Mail

Documents to Mail

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

Your application was submitted and assigned FNS Number - 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

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
- 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 <u>NOT</u> 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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Print Page

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. 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

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.

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I have read, understand and agree with the conditions of participation outlined in the Privacy Act, Use and Disclosure, Penalty Warning and Certification Statements, and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program.

X	X
Signature	Print Name
Date Signed	Print Title
Date Signed	Print Title

Keep For Your Records

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- 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 parttime); 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.

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X	X
Signature	Print Name
Date Signed	Print Title

JS	m FNS-252 Department of Agriculture od and Nutrition Service	SUPPLEM	ENTAL NUTRI			PROGRAM	OMB APPROVED No. 0584-0008 Expiration Date: XX/XX/20XX
	FOR FNS USE ONL	Υ [FNS Number		Authorization	on Initials	Date Authorized
1	When did or when will the s	store open for bus	iness under your owne	ership (MM/DD/	YYYY):		
2	Store Name: Farm Test Mart					3 Chain Store	e Number (if applicable):
4	Store Location Address (do Street Number: Street N		ox here):		Addi		dg #, Unit #, Stall #, etc.):
	City:				State VA		Zip Code: 20171
5	Herndon Store Mailing Address: (Skip if your mailing addres	es is the same as	your store location. If y	rou have a PΩ !	!		1 - 1
	Street Number: Street N		your store location. If y	ou nave a FO i			dg #, Unit #, Stall #, etc.):
	City:			State:	Zip Code:		If foreign address, add Count
ò	Store Telephone Number:				7 Alternate	Telephone Numb	per:
	(_571_)_10220	14			(_571	_) <u>102</u> - <u>20</u>	013
3	Owner or Store Email Addr	ess: testfm@t	est.com				
•	Is your business a delivery store that primarily sells on						alty food Y Yes N
	Meat/Poultry Market		Bakery	Mi	litary Commis	ssary/Exchange	Farmers' Market
	Seafood Market		Produce Market	De	elivery Route		Direct Marketing Farmer (Farm Stand/Stall/U-Pick)
			re applying as a rest	taurant. Restau	ırants must ı	use Form FNS-25	2-2, Application for Meal Service
0	Type of Ownership (check	, ,				_	
	Privately Held Corpo	=	Sole Proprietorship	=	mited Liability		Government Owned
	Publicly Owned Corp	oration	Partnership	N	onprofit Coop	erative	
1	Corporation or Governmen your corporation as on reco publicly owned corporation	ord with the State.	If government owned	, enter the name	and address	of the responsible	e government agency. If
	11a Corporation Name:					<u> </u>	•
	11b Corporation Address: Street Number:	Street Name	e:			Additional Addres	s (Bldg #, Unit #, Stall #, etc.):
	City:			State:	Zip Code:		If foreign address, add Count
	11c If publicly owned or go						
	TIC II Publicly Owned or ut	overnment owned.	, enter a contact perso	n:			



	Print name exactly as it appe	are on the coolel	security card:								
	First Name:	ears on the social	Middle Name:		Last Name:						
	Old		Test		Farmer						
	Street Number: Street Name: 102301 Test Street						Additional Address (Unit #, Suite #,				
	City: Reston			State: VA	Zip Code: 20190		If foreign ad	dress, add	d Country		
	Social Security Number:	Date of Birth: (M			e. owner, partner,		Email Address: test@test.com				
12b	Print name exactly as it apporting the Name:			, wher	Last Name:						
	Street Number:	Street Name:	eet Name: Additional Addres				ddress (Unit #, Su	ess (Unit #, Suite #, Apt #, etc.):			
	City:			State:	Zip Code:		If foreign ac	ldress, add	d Country		
	Social Security Number:	Date of Birth: (M	IM/DD/YYYY) B	usiness Title (i.e	e. owner, partner,	spouse, etc.):	Email Address:				
12c	Print name exactly as it app	ears on the social	security card:								
	First Name:		Middle Name:		Last Name:						
	Street Number:	Street Name:			'	Additional Ad	ddress (Unit #, So	uite #, Apt	#, etc.):		
	City:			State:	Zip Code:		If foreign ac	ddress, ad	d Country		
	Social Security Number:	Date of Birth: (M	IM/DD/YYYY) B	Business Title (i.	e. owner, partner,	spouse, etc.):	Email Address:				
12d	Print name exactly as it app First Name:	ears on the social	security card: Middle Name:		Last Name:	<u>'</u>					
	Street Number:	Street Name:				Additional Addres		ess (Unit #, Suite #, Apt #, etc.):			
	City:		State:	Zip Code:		If foreign ad	ddress, ad	d Countr			
_	Social Security Number:	Date of Birth: (M	MM/DD/YYYY) B	Business Title (i.	e. owner, partner,	spouse, etc.):	Email Address:				
13a	er the questions for all office Has any officer, owner, partr for license violations (i.e. Su lottery, or health license)? If Yes , provide an explanation	ner, member and/opplemental Nutrition	or manager ever	been denied, w	ithdrawn or suspe			Yes	✗ No		
	Is any officer, owner, partner conducting business with or If Yes, provide an explanation	participating in an						Yes	X No		
13f	Is any officer, owner, partner If Yes, and the store is alrea reported this income from th If No, provide an explanation	dy operating unde e store to their SN	r this ownership	, have the office		and/or membe	ır [Yes Yes	X No		

	13j Does any officer, owner,	•		· — —	her SNAP a	authorized s	tores?			Yes	X	No	
14	13k If Yes, how many currently authorized stores do you own? 4 Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1999? 14a If Yes, provide an explanation:								Yes X No		No		
15	Do you sell products wholesal 15a If Yes, does your retail for			•		eelee?				Yes	X		
	•									Yes		No No	
_	Does the sale of hot and/or cold freshly prepared foods that are ready-to-eat exceed 50% of your total sales? Total Retail Sales. Enter the total retail sales from all products you sell at this location (both food and non-food products a has been open under your ownership for more than one year, enter actual total retail sales from your most recent IRS tax re or if your store has been open under your ownership for less than one year, you must provide estimated sales (17b). If you to other businesses, do not include those sales. You must complete either 17a or 17b.							(retui	rn for th	s). If y	rour store re (17a),		
	17a Actual Retail Sales:	\$			in	Tax Year: 2	0						
	17b Estimated Retail Sales:	\$	225.00			(check one)	X Day	☐ Week		Mon	th	Year	
	17c If you have an Employer	Identification N	umber (EIN) ent	ter it here:			* * -	* * *	* *	* *	k		
18	Do you stock at least three dif	ferent items in e	each of these for	od categories	? Include fr	esh. frozen.	canned. p	ackaged. Se	e inst	ructions	s for m	ore information	
	•		eal, pasta, rice,	ŭ		, ,	, ,	g		Yes	XI		
	•		r, cheese, yogu		ula. etc.)				×	Yes		No	
		•	n, dried beans, a		,	hananaa 1	000/ iuioo	oto)	_	Yes		No	
		•			·		•	,			_		
	Meat/Poultry/Fish (Example: canned meats and fish, ground beef, deli meats,bacon, frozen chicken, eggs, etc.) 18a What percent of your total retail sales comes from these food categories?								X Yes No				
				ū		0				75]% 	NI -	
	18b Do you stock fresh, froze					S? 				Yes		No 	
19	Do you sell "other" foods, such								X	Yes No			
	19a If Yes, what percent of you									15	<u></u> %		
20	Do you sell non-food items or	_		_ ' '						Yes	_	No	
	20a If Yes, check the items y	ou carry: tob	acco products	alcohol	∐ lo	ttery g	asoline	✗ hot food	d	other			
	20b If Yes, what percent of you	our total retail s	ales comes from	n these non-fo	ood and hot	food items?	1			10 %			
						e sum of the		entage figur	es ab	ove (18	8a, 19a	a and	
21	How many cash registers are	at this store?	0			, , , , , , , , , , , , , , , , , , , ,							
22	Is this store open year round?	_	V No										
	22a If No, check which mont	h(s) you are op] Mar X Aı		🗶 Jun	X Jul	🗶 Aug	Sep	Oct	[Nov	Г	Dec	
23	Is this store open 7 days a we			es X No									
	23a If No, indicate operating Open	hours: ning Time	Select AM or	РМ		Closing Tir	ne	Select AM	or PM	1			
	Monday: 08	8:00	X			08:00			X	-			
	Tuesday: Wednesday:												
	Thursday:	8:00	X			08:00			×				
		8:00	X			08:00			X				
	Saturday:												
		8:00	X			08:00			×				
24	If you have any additional info please provide the information Test Text Test Text Test T	n here:	-			-							
	Test Text Test Text Test T												
	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.

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.

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