

USDA Online Store Application		FORM APPROVED OMB No. 0584-0008 Expiration Date: XX/XX/20XX	Contact Us	Help	Logout
A Home	Get Started				
Select Application Type	🚔 Print Page				

## Select an application type to get started



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

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

Privacy Act And Paperwork Reduction Notice

Go

USDA Online Store Application		FORM APPROVED OMB No. 0584-0008 Expiration Date: XX/XX/20XX	Contact Us	Help	Logout
🕈 Home	Get Started				
Select Application Type	🚔 Print Page				

### Select an application type to get started



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

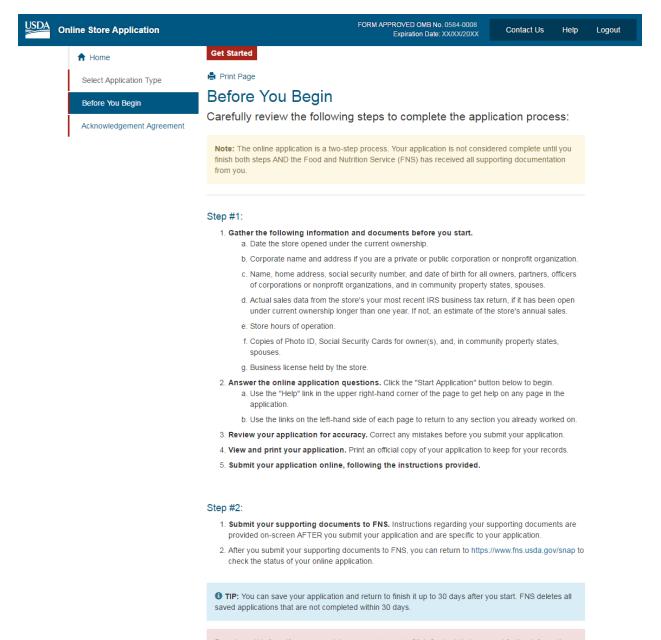
The following application questions will be tailored towards your above selection.

#### Privacy Act And Paperwork Reduction Notice

Public reporting burden for this collection of information is estimated to vary from 1 to 19 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.

Go



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

Start Application

USDA Online Store Application		FORM APPROVED OMB No. 0584-0008 Expiration Date: XX/XX/20XX	Contact Us Help Logout				
A Home	Get Started						
Select Application Type	🚔 Print Page						
Before You Begin	Acknowledgement A	greement					
Acknowledgement Agreement	-	section 9 of the Food and Nutrition Act of 2008, a J.S.C. $405(c)(2)(C)$ ; and section $6109(f)$ of the I ation on this application.					
	Details						
	USE AND DISCLOSURE - Routine Uses:	We may use the information you give us in the fo	llowing ways;				
	Details						
	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						
	Accept Decline						
	Name of the person completing the app		Lead Marrie				
	First Name:	Middle Name:	Last Name:				
	Title:						
	Select-One						

Next

#### USDA Online Store Application

#### A Home

Select Application Type Before You Begin Acknowledgement Agreement

#### Acknowledgement Agreement

PRIVACY ACT STATEMENT - Authonity: Section 9 of the Food and Nutriton 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 6108(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), authorizes collection of the Information on this application.

Details

Get Started

🖨 Print Page

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

CORM APPROVED OMB No. 0584-0008 Expiration Date: XXXX20XX Contact Us Help Logout

- 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 autionities when the Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act of 2009, as explained in the next section called "Use and Disclosure",
- Section 2725.1(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.
- Intermation: The use and disclosure of SNs 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 could security numbers and employer letticitation numbers and employer other Fréeeral agencies autoritation these numbers in the first, and only when the Excertainy of thering that numbers and mathination these numbers in the first, and only when the Excertainy of thering that numbers and mathination these numbers in the first, and only when the Excertainy of thering that numbers and mathination these numbers in the first, and only when the Excertainy of the externation mathinated by such other agency (24 U.S.C. 405(k))(2)(3)(4), 26 U.S.C. 405(k))] Combined the Mathination of the internation and the internation of the externation of the exter
- 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:
- Details
   We may disclose information to the Department of Justike (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 htigation and it has been detailmented that the use of such information to relevant and necessary and the disclosure is compatible with the purpose for which the information was collected;
- compatible with the purpose for which the information was collected: In the event that the information in our system indicates and validation of the Food and Nutrition Act or any other Federal or State law whether civil or criminal or regulatory in nature, and whether arrang by general statule. Or bregulation, nucle, or order issued purposed multitude validations the information you give us to the appropriate agency, whether Federal or State. charged with the responsibility of versightion, nucle validation, using the statute, or nule, regulation or order issued pursuant thereto, en the statute, or nule, regulation or order issued pursuant thereto.
- Intergraduet, un train, regulation of undergradue providents intertext, Verma yus evolutionformation, including SSNs and EBNs to collect and report on delinquent debt and may disclose the information to drifter Federal and State agencies, as well as private collection agencies, for purposes of calitars collection actions including, but not limited to, the Treasury Opparitmet for administrative or tax offeet and referral to the Oppartment of Justice for linguiton, (Nete: SSNs and EINs will only decisiosed to Federal agencies autoinced to possess such information);
- Unit winny de backdoor of occur inguindes devolutions of podessa dant instrumenting, Ve many discloser information to other devolution of devolution and enforcement of the Food and applicants and participating firms, and to assist in the administration and enforcement of the Food and huritrion 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;
- composer maximg purposes, I ve may disclose information to the internal Revenue Service, for the purpose of reporting delinque retailer and wholesaler monetary penalties of \$5000 or more for violations committed under the SNA We will report acts delinquent dete the internal Revenue Service on Form 10%-C (Cancellabol Deto), We will report these dedts to the internal Revenue Service and the internal Revenue Repulsions (CS CPR harts 1 and GSC) under section SOGM of the Internal Revenue Code (26 US) the SNAF
- We may disclose information to State agencies that administer the Special Supplemental Nutrit Program for Women, Infants, and Children (WIC), authorized under section 17 of the Child Nut of 1966 (CNA) (42 U.S.C. 1786), for purposes of administering that Act and the regulations issu under that Act;
- unser that Act, Decksurse pursuant to 5 U.S.C. 552(a)(b)(12). We may disclose information to "consumer reporting agencies" as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(n)) or the Debt Collection Act of 1982 (31 U.S.C. 37110(14)).
   We may disclose information to the public when a retailer has been disqualified or otherwise sancthored for violations of the Program after the time for administrative and jucical agencia has expired. This information is innifed to the name and address of the store, the conversi) name(s) and information about the sanction tasker. The public when 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

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 Public reporting burden for this collection of information is estimated to vary from 1 to 19 minutes per response, including the time for reviewing instructions, searching estating data sources, gathering and manifaming the data needed, and completing and reviewing the collection of information. An ageney may not conduct or sponsoc, and a person is not required to respond to a, collection of information unless at lipplays a currently valid OMB control number. Send normatics regarding this burden estimate other abspect of this collection of information, including subgestions for reducing this burden, to U.S. Departiment of Agiltudine, Food and Multiton Service, Other of his/s subgestion. Room 1014, 3101 Palk Center (Inve., Alexandria, VA 22002, ATTN FPA (0504-0008), bo not return the completed form to this address.

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

Name of the	person	completing	the	applica	tion
First Name:				Middle	Name

t Name:	Middle Name:	Last Name:

Title: Select-One ٠

#### Next

USDA	Online Store Application			VED OMB No. 0584-0008 piration Date: XX/XX/20XX	Contact Us	Help	Logout
<b>A</b>	Home	Information					
Se	lect Application Type	🚔 Print Page					
Ве	fore You Begin	<b>Basic Information</b>					
Ac	knowledgement Agreement	In this section, provide market information. Use any questions.			ght hand corner of th	e screen)	if you have
Ba	isic Information	When did or when will the market open for b mmddyyyy	ousiness under the	current ownership?			
Ac	countability Information	minduyyyy					
Sa	les Information	What is the official name of the market? (the documents, etc.)	e name you use on	legal documents, such	n as leases, contrac	ts, incor	ooration
Inv	ventory Information						
Su	pplemental Information	If different from your official market name, w	/hat name is your m	arket doing business	as? What is this?		
Re	view and Submit						
		Market Number: What is this?		Supporting Organiza	tion: What is this?		
				Select-One			•
		What is the address where the market	t is conducted? (	i.e., where the mar	ket takes place)		
		Street Number:	Street Na				
		Additional Address Line:					
		City: S	tate:		Zip Code:		
			Select-One	٣		-	
		Is the market's mailing address the same as	s the address wher	e the market is condu	cted?		
		-					
		🔘 Yes 🔘 No					
		Market Telephone Number: What is this?		Alternate Telephone	Number: What is this	\$?	
		Email Address: What is this?		Confirm Email Addre	ss:		
			Save and Co	ntinue Later			
		← Back					Next →
	FOIA   Accessi	bility Statement   Privacy Policy   Non-Discriminatio	n Statement   Inform	nation Quality 111SA do	/ I White House		

A route in a route	USD/	A Online Store Application			OVED OMB No. 0584-0008 spiration Date: XX/XX/20XX	Contact Us	Help	Logout
<form></form>	A	Home	Information					
and the relation is a proper bound back the back is	Se	elect Application Type	🚔 Print Page					
Accouncie Wine use of whice which the market open for business under the current ownership?   Size information Size information   Size information OdS. Tiel of annees to be such as the	В	efore You Begin	<b>Basic Information</b>					
Name information   Accountability information   Sides informa	A	cknowledgement Agreement		the "Help" feature (	the button in the upper ri	ght hand corner of th	e screen)	if you have
Accurately information   Back information <tr< td=""><td></td><td></td><td>When did or when will the market open for b</td><td>usiness under the</td><td>current ownership?</td><td></td><td></td><td></td></tr<>			When did or when will the market open for b	usiness under the	current ownership?			
<pre>stars information informatio information information information information informat</pre>			01011980					
<pre>decuments decuments d</pre>			What is the official name of the market? (the	name you use on	legal documents, suci	h as leases, contrac	ts, incor	poration
<pre>supportend information terminate terminate information terminate terminate information terminate terminate terminate informatio</pre>								
Revew and shared         Accountable Mannet								
Network to control to the states of an enclast			-	hat name is your r	narket doing business	as? What is this?		
13   What is the address where the market is conducted? (i.e., where the market takes place) Street Number:   1      City:   Street Number:      City:   Street Number:      0   Wes * No      City:   Street Number:   0   Wast number:   1   0   Wast * nulling address the same as the address where the market is conducted?   0   Wast * nulling address the same as the address where the market is conducted?   0   Wast * No   Street Number:   2   Market Street Number:   2   13   46   789   97   64   200   Street Number:   13   46  City: State:   2 200 • 20	R	eview and Submit						
What is the address where the market is conducted? (i.e., where the market takes place)   Street Number:   1   Additional Address Line:   City:   State:   2010   Is the market's mailing address the same as the address where the market is conducted?   I've & No   Street Number:   2   I've & No   Street Number:   2   I've & No     Street Number:   2   I've & No     Street Number:   2   I've & No     Street Number:   2   I've & No     Street Number:   2   I've & No     Street Number:   2   I've & No     Street Number:   2   I've & No     Street Number:   2   I've & No     Street Number:   2   I've & No     Street Number:   2   I've & No     Street Number:   2   I've & No   Street Number:   I've & No   I						tion: What is this?		•
Street Number: State:   1 Maple Street     Additional Address Line:   City: State:   Street Number: Street Name:   2 Maple Street   Additional Address Line:   City: State:   City: State:   City: State:   City: State:   Zip Code:   Reston Street Name:   2 Maple Street     Additional Address Line:   City: State:   Val<			120					
Reston VA 2201   Is the market's mailing address the same as the address where the market is conducted?   I'res No   Street Number:   I'res Street Number:   Country   I'res Address   Market Telephone Number:   Vhal is this? Street Number:   Market Telephone Number:   Vhal is this? Confirm Email Address:   Enail Address: What is this? Street Confirm Email Address: It stiggtest com Street Confirm Email Address: It stiggtest com Street Confirm Email Address: It stiggtest com Street Actionate Later Street Actionate Later<			1					
Reston VA 2201   Is the market's mailing address the same as the address where the market is conducted?   I'res No   Street Number:   I'res Street Number:   Country   I'res Address   Market Telephone Number:   Vhal is this? Street Number:   Market Telephone Number:   Vhal is this? Confirm Email Address:   Enail Address: What is this? Street Confirm Email Address: It stiggtest com Street Confirm Email Address: It stiggtest com Street Confirm Email Address: It stiggtest com Street Actionate Later Street Actionate Later<								
Is the market's mailing address the same as the address where the market is conducted?    Is the market's mailing address the same as the address where the market is conducted?     Isteet Number:    Image: Street Number:   Ima					_			
Note → Note   Neter Number: Street Number:   1 Maple Street   Additional Address Line:   Cine:   Name:			Resion	VA	•	22201	-	
city: State: Zip Code:   Reston ✓A 22201   Country   United States of America   Market Telephone Number: What is this?   123 456   7890   987 654   3210   Email Address: Lest@test.com    Save and Continue Later			● Yes ● No Street Number:	Street Na	ame:	cted?		
Reston VA 2221 .			Additional Address Line:					
Reston VA 2221 .								
Reston VA 2221 .			City: Si	tate:		Zip Code:		
United States of America   Market Telephone Number: What is this?   123   456   7890   987   654   3210    Email Address:   test@test.com    Est@test.com   Save and Continue Later    Next →				VA	•	22201	-	
Market Telephone Number: What is this? Alternate Telephone Number: What is this?   123 456   123 7690   987 654   987 654   654 3210    Email Address:   Confirm Email Address:   test@test.com    Eack   Next →			Country					
123       456       7890       987       654       3210         Email Address: What is this?         test@test.com       test@test.com         Save and Continue Later			United States of America	v				
123       456       7890       987       654       3210         Email Address: What is this?         test@test.com       test@test.com         Save and Continue Later								
123       456       7890       987       654       3210         Email Address: What is this?         test@test.com       test@test.com         Save and Continue Later			Market Telephone Number: What is this?		Alternate Telephone	Number: What is this	s?	
test@test.com test@test.com Save and Continue Later  ← Back Next→								
Save and Continue Later ← Back Next →			Email Address: What is this?		Confirm Email Addre	ss:		
← Back Next →			test@test.com		test@test.com			
← Back Next →								
← Back Next →				Save and Co	ontinue Later			
			← Back					Next →
FOIA   Accessibility Statement   Privacy Policy   Non-Discrimination Statement   Information Quality   USA.gov   White House								

USDA Online Store Application	FORM APPROVED OMB No. 0584-0008 Expiration Date: XXXXX/20XX Contact Us Help Logout
A Home	Store Information
Select Application Type	A Print Page
Before You Begin	Accountability Information
Acknowledgement Agreement	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.
Basic Information	Is your firm legally organized as a nonprofit entity?
Accountability Information	
Sales Information	
Inventory Information Supplemental Information	Answer the following questions for all Responsible Officials, officers, owners, partners, members, and/or managers.
Review and Submit	Has any Responsible Official, officer, owner, partner, member and/or manager ever been denied, withdrawn, disqualified, suspended, or been fined for Supplemental Nutrition Assistance Program (SNAP), WIC, business, alcohol, tobacco, lottery, and/or health violations?
	Yes No
	Has any Responsible Official, 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     No
	Is any Responsible Official, officer, owner, partner, and/or member currently receiving assistance through the Supplemental Nutrition Assistance Program?
	Yes No
	Has any Responsible Official, officer, owner, partner, and/or member ever been disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (IPV) or fraud?
	♥ Yes ● No
	Does any Responsible Official, officer, owner, partner and/or member currently own any other SNAP authorized stores (such as Store, Farmers' Market, etc.)?
	Yes No
	Was any Responsible Official, officer, partner and/or member convicted of any crime after June 1, 1999?
	● Yes ● No
	Save and Continue Later
	← Back Next →

A Home	Store Information				Contact Us	Help Logout
	Print Page					
Select Application Type Before You Begin	Accountability Inform	ation				
Before You Begin Acknowledgement Agreement			unintain co	ogram integrate week	information manufa	no the Responsible
Acknowledgement Agreement	In this section, provide information that is no Official(s) and on the ownership type for the			- John Meyrik, Soch as		
Basic Information	Is your firm legally organized as a nonpr	ofit entity?				
Sales Information	Does your firm have 501(c)(3) non-profit status?	tax-exempt				
Inventory Information	status? Yes © No					
Supplemental information	Enter the market's Employer Identification	in Number (	EN) here:	What is this?		
Review and Submit	12 4567890					
	Corporation Name:					
	Corp XYZ					
	Street Number:		Street N	ame(or Post Office Bo / Late	x}:	
	Additional Address Line:					
	City: Reston	State:			Zip Code: 22201	
	Country					
	United States of America		۲			
	Enter personal information for each security card.	n Respons	ible Offi	cial. Enter name ex	actly as it appe	ars on social
	Person 1					
	First Name:	Middle N	ame:		Last Name:	
	Jake	м			Wright	
	Street Number:	Street Na				
	1 Additional Address Line:	Sequoia	100			
	Sectional Awaress LIDE:					
	City:	State:			Zip Code:	
	Reston	VA		•	22201	
	Country United States of America		Ŧ			
	Social Security Number:			Date of Birth:		
		7890		01011580		
	Title: Board Member			Email Address: lest@test.com		
					_	
	To add another Responsible Official, offic board member or spouse, click the "Add	er, owner, pa Person" butte	rtner, mer m	nber, director,	A	d Person
	Has any Responsible Official, officer, or suspended, or been fined for Suppleme lottery, and/or health violations? Yes @ No If Yes, provide an explanation: Test	wner, partne ntal Nutritic	r, membe in Assisti	ir and/or manager eve ince Program (SNAP)	r been denied, wit WIC, business, a	hdrawn, disqualified, Icohol, tobacco,
	1634					
					495/5	00 characters remaining
	Has any Responsible Official officer on	uner nartne	r mamba	r and/or manager cur	rently or ever been	
	Has any Responsible Official, officer, or debarred from conducting business wit	vner, partne h or particij	r, membe pating in a	er and/or manager our any program administ	rently or ever been ered by the Feder:	al Government?
	elebarred from conducting business wit	vner, partne h or particij	r, membe sating in :	er and/or manager our any program administ	rently or ever beer ered by the Feder:	n suspended or al Government?
	debarred from conducting business wit Yes   No If Yes, provide an explanation:	vner, partne h or particij	r, membe bating in :	r and/or manager our any program administ	rently or ever beer ered by the Feder	1 suspended or al Government?
	elebarred from conducting business wit	wner, partne h or particij	r, membe sating in a	er and/or manager our any program administ	rently or ever beer ered by the Feder:	s suspended or al Government?
	debarred from conducting business wit Yes   No If Yes, provide an explanation:	wner, partne h or particij	r, membe	r and/or manager our any program administ	ered by the Feder:	al Government?
	debarred from conducting business wit	h or particij	pating in a	nry program administ	ered by the Federa 496/5	ا Government? مراجع
	debarred from conducting business wit Yes   No If Yes, provide an explanation:	h or particij	pating in a	nry program administ	ered by the Federa 496/5	ا Government? مراجع
	debarred from conducting business wit * Yos © No If Yes, provide an explanation: Text Is any Responsible Official, officer, own	h or particij	pating in a	nry program administ	ered by the Federa 496/5	ا Government? مراجع
	debarred from conducting business with "Iris & No "Use, provide an explanation: "The "Is any Responsible Official, officer, owr Supplemental Nuclition Assistance Pro " Iris 7 No " Iris No	er, partner, gram?	and/or m	any program administ	496/5 496/5	OG characters remaining
	debarred from conducting business will * Vits © NO If Ves, provide an explanation: Test to any Responsible Official, officer, one Supplemental Nuclifice, Assistance Pro * Vits © NO	er, partner, gram?	and/or m	any program administ	496/5 496/5	OG characters remaining
	debund free conducting buckness with           112:         0           11:         11:           11:         11:           11:         11:           11:         11:           12:         11:           13:         11:           14:         11:           15:         11:           16:         11:           17:         11: <td< td=""><td>er, partner, gram?</td><td>and/or m</td><td>any program administ</td><td>496/5 496/5</td><td>OG characters remaining</td></td<>	er, partner, gram?	and/or m	any program administ	496/5 496/5	OG characters remaining
	deband free contering backets at * 102 © 70 First, protein an explanation. Suf Is any Responsible Official, official, official, official Protein State States First, has the Responsible Official, official canaditation of the States First, has the Responsible Official, official canaditations of the States First, has the Responsible Official, official First, has the Responsible Official, official First, has the Responsible Official for the States First, has the Responsible Official for the Responsible Official for the States First, has the Responsible O	er, partner, gram?	and/or m	any program administ	496/5 496/5	OG characters remaining
	debund free conducting buckness with           112:         0           11:         11:           11:         11:           11:         11:           11:         11:           12:         11:           13:         11:           14:         11:           15:         11:           16:         11:           17:         11: <td< td=""><td>er, partner, gram?</td><td>and/or m</td><td>any program administ</td><td>4965 ding assistance th d this market own</td><td>00 chractes remaining 00 chractes remaining roough the weakly to their SHAP</td></td<>	er, partner, gram?	and/or m	any program administ	4965 ding assistance th d this market own	00 chractes remaining 00 chractes remaining roough the weakly to their SHAP
	debund free conducting buckness with           112:         0           11:         11:           11:         11:           11:         11:           11:         11:           12:         11:           13:         11:           14:         11:           15:         11:           16:         11:           17:         11: <td< td=""><td>er, partner, gram?</td><td>and/or m</td><td>any program administ</td><td>4965 ding assistance th d this market own</td><td>OG characters remaining</td></td<>	er, partner, gram?	and/or m	any program administ	4965 ding assistance th d this market own	OG characters remaining
	debund free conducting buckets at # 1122 0 10 11 12 12 12 12 12 12 12 12 12 12 12 12	er, particly er, particly gram? cor, owner,	andior m partner, a	ember currently recei	4965 áng assistance th d this market own 4965	00 characters remaining except the except the 200 characters remaining the status status of the 200 characters remaining 200 characters remaining
	datament from conclusing backness with           1122         0           1124         0	er, particly er, particly gram? cor, owner,	andior m partner, a	ember currently recei	4965 áng assistance th d this market own 4965	00 characters remaining except the except the 200 characters remaining the status status of the 200 characters remaining 200 characters remaining
	dehamd free conclusing backness at # Tris: 0 > 10 Tris:	er, particly er, particly gram? cor, owner,	andior m partner, a	ember currently recei	4965 áng assistance th d this market own 4965	00 characters remaining except the except to their SIAP
	datament from conclusing backness with           1122         0           1124         0	er, particly er, particly gram? cor, owner,	andior m partner, a	ember currently recei	4965 áing assistance th d this market own 4965	00 characters remaining except the except to their SIAP
	سلم المرابع الى المرابع المرابع المرابع المرابع الى ا	er, particly er, particly gram? cor, owner,	andior m partner, a	ember currently recei	4965 áing assistance th d this market own 4965	00 characters remaining except the except to their SIAP
	سلم المرابع الى المرابع المرابع المرابع المرابع الى ا	er, particly er, particly gram? cor, owner,	andior m partner, a	ember currently recei	4965 4965 Ing assistance th d this market over 4065 4065 1000 1000 1000 1000 1000 1000 1000 1	00 characters remaining except the except to their SIAP
	dehand free conclusing backness at # Tris: 0 75 Tris: 0	er, partisel, gram? cer, owner, sistance Pro	andior m partner, a r, andior	ember currently recei ember currently recei nation member report	4965 4965 applied to the second second and this market over 4965 applied from rec 4965 applied from rec 4965 applied from rec 4965 applied to the second 4965 applied to the second 496	00 characters remaining 00 characters remaining rough the excitip to their 31A/P 00 characters remaining avoing estimates
	سلم المرابع الى المرابع المرابع المرابع المرابع الى ا	er, partisel, gram? cer, owner, sistance Pro	andior m partner, a r, andior	ember currently recei ember currently recei nation member report	4965 4965 applied to the second second and this market over 4965 applied from rec 4965 applied from rec 4965 applied from rec 4965 applied to the second 4965 applied to the second 496	00 characters remaining 00 characters remaining rough the excitip to their 31A/P 00 characters remaining avoing estimates
	dehamd from conclusing backness at # 102. 0 10 10 Have, provide an explanation.	er, partisel er, partisel gram Cer, owner, owner, partise verner, partise	andior m partner, a r, andior gram for	ember currently recei ember currently recei nation member report	4965 4965 applied to the second second and this market over 4965 applied from rec 4965 applied from rec 4965 applied from rec 4965 applied to the second 4965 applied to the second 496	00 characters remaining 00 characters remaining rough the excitip to their 31A/P 00 characters remaining avoing estimates
	شکر ۲۵۵ ۵۰۰ ۲۵۵ ۵۰۰ ۲۵۵ ۵۰۰ ۲۵۹ ۵۰۰ ۲۰۹۵             ۲۰۹             ۲۰۹	er, partisel er, partisel gram Cer, owner, owner, partise verner, partise	andior m partner, a r, andior gram for	ember currently recei ember currently recei nation member report	4965 4965 applied to the second second and this market over 4965 applied from rec 4965 applied from rec 4965 applied from rec 4965 applied to the second 4965 applied to the second 496	00 characters remaining 00 characters remaining rough the excitip to their 31A/P 00 characters remaining avoing estimates
	dehamd free conducting backness at # Triss 0 10 Triss, provide an explanation: Trist Triss, provide an explanation: Triss, back the Responsible Official, officer, our Triss, provide an explanation: Triss Triss Triss, provide an explanation: Triss	er, particip er, particip gram? 	andior m andior m partner, a r, andior r, andior ser andios	enter currently recei enter currently recei ndior member report member ever been di an interdional progra	4000 variable and the Peder	00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining anting assistance r such original stores
	dahand free contenting backness at # T Tex 0 10 T Tex 0 10 Tex 0	er, particip er, particip gram? 	andior m andior m partner, a r, andior r, andior ser andios	enter currently recei enter currently recei ndior member report member ever been di an interdional progra	4000 variable and the Peder	00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining anting assistance r such original stores
	datament from conclusing backness at H       Yata     0 Y2       Yata     0 Y2       Start     Start       Start	er, particip er, particip gram? 	andior m andior m partner, a r, andior r, andior ser andios	enter currently recei enter currently recei ndior member report member ever been di an interdional progra	4000 variable and the Peder	00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining anting assistance r such original stores
	dahand free contenting backness at # T Tex 0 10 T Tex 0 10 Tex 0	er, particip er, particip gram? 	andior m andior m partner, a r, andior r, andior ser andios	enter currently recei enter currently recei ndior member report member ever been di an interdional progra	4000 variable and the Peder	00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining anting assistance r such original stores
	dahand men contacting backness at # T Tex 0 10 T Tex 0 10 Tex 0 1	er, particip er, particip gram? 	andior m andior m partner, a r, andior r, andior ser andios	enter currently recei enter currently recei ndior member report member ever been di an interdional progra	4000 variable and the Peder	00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining anting assistance r such original stores
	dahand men contacting backness at # T Tex 0 10 T Tex 0 10 Tex 0 1	er, particip er, particip gram? 	andior m andior m partner, a r, andior r, andior ser andios	enter currently recei enter currently recei ndior member report member ever been di an interdional progra	4000 v de Federa	00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining 00 characters remaining anting assistance r such original stores
	dahand men contacting backness at # T Tex 0 10 T Tex 0 10 Tex 0 1	er, particip gram 7 ere, partner, gram 7 erer, partner, partner, partner sistance Pro	anding in a andior m partner, a v, andior gram for eer andior owm?	ember currently read- ember currently read- ndlar member expansion member exer been di an interdional progra	4000 v de Federa	20 characters remaining 20 characters remaining rough the averality to their SIAP 20 characters remaining 20 characters remaining 20 characters remaining 20 characters remaining 21 characters remaining 22 characters remaining 23 characters remaining 24 characters remaining 25 characters remaining 26 characters remaining 27 characters remaining 28 characters remaining 29 characters remaining 20 charact
	dahand Men conducting backness at # T Tex 0 0 52 T Tex 0 0 52 T Tex 0 0 52 Tex 0 53	er, particip gram 7 ere, partner, gram 7 erer, partner, partner, partner sistance Pro	anding in a andior m partner, a v, andior gran for eer andior owm?	enter currently recei enter currently recei ndior member report member ever been di an interdional progra	4000 v de Federa	20 characters remaining 20 characters remaining rough the 20 characters remaining 20 characters remaining 21 characters remaining 22 characters remaining 23 characters remaining 24 characters remaining 20 characters remaining
	dahand men contacting backness at # T Tex 0 10 T Tex 0 10 Tex 0 1	er, particip gram 7 ere, partner, gram 7 erer, partner, partner, partner sistance Pro	anding in a andior m partner, a v, andior gran for eer andior owm?	ember currently read- ember currently read- ndlar member expansion member exer been di an interdional progra	4000 v de Federa	20 characters remaining 20 characters remaining rough the averality to their SIAP 20 characters remaining 20 characters remaining 20 characters remaining 20 characters remaining 21 characters remaining 22 characters remaining 23 characters remaining 24 characters remaining 25 characters remaining 26 characters remaining 27 characters remaining 28 characters remaining 29 characters remaining 20 charact

USDA Online Store Application		FORM APPROVED OMB No. 0584-000 Expiration Date: 300/00/20X	8 X Contact Us Help Logout
A Home	Store Information		
Select Application Type	<ul> <li>Print Page</li> <li>A supervised to 11 (1) the supervi</li></ul>	-4i	
Before You Begin	Accountability Informa		
Acknowledgement Agreement	In this section, provide information that is nec Official(s) and on the ownership type for the r		s information regarding the Responsible
Basic Information Accountability Information	Is your firm legally organized as a nonpro-	fit entity?	
Sales Information	What is the market's ownership type? Pici	the option that	
Inventory Information	best describes your market. Government Owned		
Supplemental Information			
Review and Submit	Enter the name and address of the respon	sible Government Agency:	
	Corporation Name:		
	Street Number;	Street Name(or Post Office B	27)
	1	Forrest Lane	
	Additional Address Line:		
	City: Reston	State:	Zip Code: 22201 -
	Country		
	United States of America	Ŧ	
	Contact person information		
	First Name:	Middle Name:	Last Name:
	Katherine		Smith
	Telephone Number:           123         -         456         -         7890	Email Address: test@test.com	
	Answer the following questions for a	II Responsible Officials, officers, ov	vners, partners, members, and/or
	managers.		
	Has any Responsible Official, officer, own suspended, or been fined for Supplement		
	lottery, and/or health violations?		,,,
	* Yes 💿 No		
	If Yes, provide an explanation: Test		
	Trudh		
			496/500 characters remaining
	Has any Responsible Official, officer, own debarred from conducting business with		
	● Yes ⊖ No		
	If Yes, provide an explanation:		
	Test		
			496/500 characters remaining
	Is any Responsible Official, officer, owne	r partner and/or member currently rece	iving assistance through the
	Supplemental Nutrition Assistance Progr	am?	
	* Yes 💿 No		
	If Yes, has the Responsible Official, office caseworker?	er, owner, partner, and/or member report	ed this market ownership to their SNAP
	© Yes ⊛ No		
	If No, provide an explanation:		
	Test		
			496/500 characters remaining
	Has any Responsible Official, officer, own		
	through the Supplemental Nutrition Assi	stance Program for an intentional progra	an violation (IPV) or traud?
	Yes   No  If Yes, provide an explanation:		
	Test		
		496/500 characters	remaining
	Does any Responsible Official, officer, ov (such as Store, Farmers' Market, etc.)?	vner, partner and/or member currently o	wn any other SNAP authorized stores
	* Yes 🕕 No		
	If Yes, how many currently authorized stor	res do you own?	
	10		
	Was any Responsible Official, officer, par	tner and/or member convicted of any cr	ime after June 1, 1999?
	🖲 Yes 💿 No		
	If Yes, provide an explanation:		
	test		
			496/500 characters remaining
		Save and Continue Later	
		Core and Genninge Later	
	Back		Next →
FOIA LArcessibil	ity Statement   Privacy Policy   Non-Discrimina	tion Statement Linformation Quality 11194	and Marke Design

USDA Online Store Application	FORM APPROVED OMB No. 0594-0008 Expiration Date: XX/XX/20XX Contact Us Help Logout
A Home	Store Information
Select Application Type	🚔 Print Page
Before You Begin	Sales Information
Acknowledgement Agreement	In this section, you will provide details regarding the market's sales.
Basic Information	Does the market sell products, at wholesale, to other businesses, such as hospitals or restaurants?
Accountability Information	Yes O No
Sales Information	Do the market's annual retail food sales constitute at least \$250,000 OR 50% of your total gross sales? "Retail sales" are anything other than wholesale sales.
Inventory Information	
Supplemental Information	● Yes ◎ No
Review and Submit	Do you have or are you applying for a restaurant license for your market?
1	Yes O No

#### Total Retail Sales

Enter your estimated or actual retail sales for a one year period in the following table. If you do not sell a particular category of products place a "0" in the appropriate sales column cell.

Select "Actual" or "Estimated" sales below and indicate the tax year corresponding to your sales figures. If your market reported the amount of sales it made in the last tax year to the Internal Revenue Service (IRS), you must enter actual sales. 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 full tax year.

Retail sales are: 
 Estimated 
 Actual

_	
тах	vear:
	,

2018 •

Round to nearest dollar, do not enter cents or dollar sign. Enter a positive number less than 999,999,999,999. Example: 250,000

Sales Category	Sale	5	
Gasoline	\$	10,000	.00
Lottery	\$	12,000	.00
Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.)	\$	13,000	.00
Alcohol (Examples: wine, beer, liquor, etc.)	\$	50,000	.00
Other Nonfood (Examples: soap, paper, pet food, etc.)	\$	20,000	.00
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	\$	12,000	.00
Cold Prepared Foods (Examples: sandwiches, salads, etc.)	\$	16,000	.00
Accessory Foods (Examples: ice cream, potato chips, soda pop, doughnuts, etc.)	\$	12,500	.00
Staple Foods (Examples: rice, milk, beef, apples, etc.)	\$	10,500	.00
Total Sales		\$156,000	

Save and Continue Later





USDA Online Store Application	FORM APPROVED OMB No. 0584-0008 Expiration Date: XX/XX/20XX Contact Us Help Logout
A Home	Store Information
Select Application Type	🚔 Print Page
Before You Begin	Sales Information
Acknowledgement Agreement	In this section, you will provide details regarding the market's sales.
Basic Information	Does the market sell products, at wholesale, to other businesses, such as hospitals or restaurants?
Accountability Information	Yes No
Sales Information	Do the market's annual retail food sales constitute at least \$250,000 OR 50% of your total gross sales? "Retail sales" are anything other than wholesale sales.
Inventory Information	
Supplemental Information	Yes      No     No
Review and Submit	Do you have or are you applying for a restaurant license for your market?
	Yes O No

#### Total Retail Sales

Enter your estimated or actual retail sales for a one year period in the following table. If you do not sell a particular category of products place a "0" in the appropriate sales column cell.

Select "Actual" or "Estimated" sales below and indicate the tax year corresponding to your sales figures. If your market reported the amount of sales it made in the last tax year to the Internal Revenue Service (IRS), you must enter actual sales. 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 full tax year.

Retail sales are: 

Estimated 

Actual

_	
тах	vear:
	,

2016 •

Round to nearest dollar, do not enter cents or dollar sign. Enter a positive number less than 999,999,999,999. Example: 250,000

Sales Category	Sale	5	
Gasoline	\$	10,000	.00
Lottery	\$	12,000	.00
Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.)	\$	13,000	.00
Alcohol (Examples: wine, beer, liquor, etc.)	\$	50,000	.00
Other Nonfood (Examples: soap, paper, pet food, etc.)	\$	20,000	.00
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	\$	12,000	.00
Cold Prepared Foods (Examples: sandwiches, salads, etc.)	\$	16,000	.00
Accessory Foods (Examples: ice cream, potato chips, soda pop, doughnuts, etc.)	\$	12,500	.00
Staple Foods (Examples: rice, milk, beef, apples, etc.)	\$	10,500	.00
Total Sales		\$156,000	

Save and Continue Later



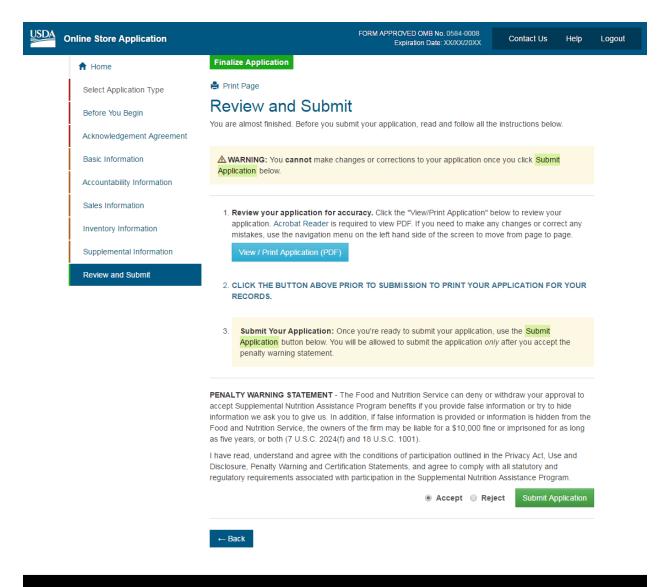


USDA Online Store Application

		Expiration Date: XX/XX/20X	
A Home	Store information		
Select Application Type	🖨 Print Page		
Before You Begin	Inventory Information		
Acknowledgement Agreement	In this section, you will specify the types of inventory that you carry at this location. Please answer the qu varieties and the depth of stock that you have currently and on a continuous basis in your market.	uestions regarding staple food	
Basic Information	Answer the following questions regarding staple food varieties that you have currently and on	a continuous basis in your	
Accountability Information	Answer the following questions regarding staple food varieties that you have currently and on market. Select the number of varieties for each staple food category if less than 10. Select "10- for each staple food category is equal to or greater than 10.		
Sales Information	Indicate the number of varieties in the Breads and/or Cereals staple food category	Select-One *	
Inventory Information	(Examples: rice, pasta, flour, pita, tortilla, etc.):	surves and T	
Supplemental Information	Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.):	Select-One •	
Review and Submit	avyrom, wores, yogori, andlit formula, etc.).		
	Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.):	Select-One •	
	indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.):	Select-One ·	
	Answer the following questions regarding stocking units of staple food varieties that you have	currently and on a	
	continuous basis in your market.		
	Do you have at least three stocking units of $\underline{each}$ variety in the Breads and/or Cereals category (Examples: 3 bags of rice, 3 boxes of pasta, etc.)?	Yes No	
	Do you have at least three stocking units of <u>each</u> variety in the Dairy products category (Examples: 3 cartons of soymilk, 3 cans of infant formula, etc.)?	Yes INO	
	Do you have at least three stocking units of <u>each</u> variety in the Meat, Poultry, and/or Fish category (Examples: 3 cans of funa, 3 cartons of eggs, etc.)?	Yes <a>No</a>	
	Do you have at least three stocking units of <u>each</u> variety in the Vegetables and/or Fruits category (Examples: 3 apples, 3 cans of peaches, etc.)?	😔 Yes 💿 No	
	Answer the following questions regarding perishable foods that you have currently and on a c market.	ontinuous basis in your	
	Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)?	© Yes ⊚ No	
	Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's milk, refrigerated butter, etc.)?	Yes O No	
	Do you have at least one variety of perishable foods in the Meat. Poulity, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)?	Yes No	
	Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)?	Yes O No	
	Save and Continue Later		
	+- Back	Next	

USDA Online Store Application	FORM APPROVED OMB No. 0584-0008 Contact Us Help	Logout
<ul> <li> Home</li> <li>Select Application Type</li> <li>Before You Begin</li> <li>Acknowledgement Agreement</li> <li>Basic Information</li> <li>Accountability Information</li> <li>Sales Information</li> <li>Inventory Information</li> <li>Supplemental Information</li> <li>Review and Submit</li> </ul>	Store Information      Print Page <b>Supplemental Information</b> In this section, you will provide details regarding the market's operating schedule   Are optical scanners used at this market?   Yes  No   Is the market open year round?   Yes  No    Store market open 7 days a week, 24 hours per day?   Yes  No	
	Provide the name and address of the financial institution (bank) that you will be using for SNAP payment deposits. Financial Institution Name  Street Number: Street Number: Street Name:  Additional Address Line:  City: State: Select-One Select-One Country United States of America	
	United States of America         If known, provide the name, phone number, and mailing address of the Electronic Benefits Transfer (EBT) equipment provider for your market.         Equipment Provider Name       Equipment Provider Telephone Number:	
	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: 	

Store Information <ul> <li>Print Page</li> <li>Supplemental Information</li> <li>In this section, you will provide details regarding the market's operating schedule</li> <li>mener Agreement</li> <li>Are optical scanners used at this market?</li> <li>Are optical scanners used at this market?</li> <li>Test @ No</li> <li>Is the market open year round?</li> <li>Pres @ No</li> <li>Is the market open 7 days a week, 24 hours per day?</li> </ul>							
and main and	tore Application			FORM APPR	xpiration Date: XX/XX/	20XX Contact Us	Help
<pre>SPDEPENDENDEDEENERS</pre> SPDEPENDENDENERS SPDEPENDENDENERS SPDEPENDENDENERS SPDEPENDENDENDENDENDENDENDENDENDENDENDENDENDE	me		ion				
<pre>brain the second and the sequence sequence</pre>	t Application Type						
<pre>remer years in the series of the series in the series in the series of the series in the series in the series in the series of the series in the series</pre>	You Begin				arkoffa opfi	bodulo	
<pre>main provide states and pro</pre>	wledgement Agreement				arver's operating sc	neudle	
<pre>stanting in the stant is a read in the s</pre>	Information	Are optical sca	nners used at thi	s market?			
<pre>virtual in the set of the se</pre>	untability Information	● Yes 💿 No					
<pre>statustical procession of the function (basic) for the function (basic) fort function (basic) for the function (basi</pre>	Information	Is the market of	oen year round?				
<pre>variable in the second served by difference in the second se</pre>	ntory Information	🖲 Yes 💿 No					
<pre>vert end</pre>	emental Information	Is the market of	oen 7 days a wee	k, 24 hours per da	iy?		
<form></form>	and Submit	O Yes @ No					
<form></form>			en the same ho	urs every day (7 d	avs a week)?		
<pre>total tenters but of operation (bernet) tenters but of the set of the se</pre>					.,,.		
Monday 000 0.00							
Production     Modify     Modify     Modify     Modify     Modify     Modify     Modify     Modify <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 000 A Al P Pl   Noticity 000 A Al P Pl 0000 A Al P Pl   Noticity 000 A Al P Pl 0000 A Al P Pl   Noticity 000 A Al P Pl 0000 A Al P Pl   Noticity 000 A Al P Pl 0000 Al Pl   Noticity 000 Al P Pl 0000 Al Pl   Noticity 000 Al Pl 0000 Al Al   Noticity 0000 0000 000		Monday	7:30		9:30		
Image: Image							
Tursday 000 A M P M 000 A M P M   Tursday 000 A M P M 000 A M P M   Priday 000 A M P M 000 A M P M   Priday 000 A M P M 000 A M P M   Priday 000 A M P M 000 A M P M   Starrady 000 A M P M 000 A M P M   Starrady 000 A M P M 000 A M P M   Starrady 000 A M P M 000 A M P M   Starrady 000 A M P M 000 A M P M   Starrady 000 A M P M 000 A M P M   Starrady 000 A M P M 000 A M P M   Starrady 000 A M P M 000 A M P M   Starrady 000 A M P M 000 A M P M   Starrady 000 A M P M 000 A M P M   Starrady 000 A M P M 000 A M P M   United States of America 0 000 000 000 000   Starrady 100 000 000 000 000 000   Starrady 100 000 000 000 000 000   Starrady 100 000 000 000 000 000   Starrady<		Monday	08:00	⊛ AM ☉ PM	09:00	○ AM <sup>®</sup> PM	
I I   I I <td></td> <td>Tuesday</td> <td></td> <td>. дм 🗇 рм</td> <td></td> <td>. AM . PM</td> <td></td>		Tuesday		. дм 🗇 рм		. AM . PM	
Trussday 000 AM PM 000 AM PM   Priday Institution AM PM Institution AM PM   Sunday Institution Name AM PM Institution (bank) that you will be using   Provide the name and address of the financial institution (bank) that you will be using AM PM   Sunday Institution Name Institution Name   Imarcal Address Line: Institution Name   City: State:   Presion Institution Name   Imarcal Address Line: Institution Name   Imarcal Address Line: Institution Name   Imarcal Institution Name Instit		,	09:00		na:np		
Firstary IFTERIARL   Saturdary Saturdary   Saturdary IFTERIARL   Saturdary IfTERIAR		Wednesday	09:00		09:00	® AM ◎ PM	
Saturday Petitinal A M Peti Petitinal A M Peti   Surphay Petitinal A M Peti Petitinal A M A M Petitinal A M <td< td=""><td></td><td>Thursday</td><td>09:00</td><td>⊛ AM ☉ PM</td><td>09:00</td><td>○ AM ● PM</td><td></td></td<>		Thursday	09:00	⊛ AM ☉ PM	09:00	○ AM ● PM	
Saturday Petitinal A M Peti Petitinal A M Peti   Surphay Petitinal A M Peti Petitinal A M A M Petitinal A M <td< td=""><td></td><td>Friday</td><td>HEMM</td><td>© AM ◎ PM</td><td>HEMM</td><td>© AM ◎ PM</td><td></td></td<>		Friday	HEMM	© AM ◎ PM	HEMM	© AM ◎ PM	
Bunday Itelation   Provides the name and address of the financial institution (bank) that you will be using or schedule address of the financial institution (bank) that you will be using or schedule address of the financial institution (bank) that you will be using or schedule address of the financial institution (bank) that you will be using or schedule address of the financial institution (bank) that you will be using or schedule address of the financial institution (bank) that you will be using or schedule address of the financial institution (bank) that you will be using or schedule address of the financial institution (bank) that you will be using or schedule address of the financial address for your Electronic Benefits Transfer (EBT) equipment provider to the distance of address in the financial address in the schedule address.   Image: Image:   Image: Image:   Image: Image:   Image: Image:   <							
True   Provide the name and address of the financial institution (bank) that you will be using for SNAP payment deposits.   Panacial institution Name   Same of DC   Street Number:   Street Number:<		Saturudy	HH:MM	⊕ AM ⊕ PM	HH:MM	⇒ am  ⇒ PM	
for SNAP payment deposits.     Financial instruction Name   i   common   Contry   United States of America   i   for over the o		Sunday	HH:MM	⊜ AM ⊜ PM	HH:MM	⊖ AM ○ PM	
City: State: Zip Code:   Testion In 2201    Country   Unded States of Anerica   If known, provide the name, phone number, and malling address of the Electronic Benefits Transfer (EBT) equipment provider Texptonen Number.   Equipment Provider Name   Equipment Provider Tamsfer (EBT) equipment provider Texptonen Number.   EfT Kerox   To you know the address for your Electronic Benefits Transfer (EBT) equipment provider?   * Yes   * Yes   To you know the address for your Electronic Benefits Transfer (EBT) equipment provider?   * Yes   * Yes   I   Pre Road   Country   Unded States of Anerica   You have a market website, provide the website address.   wow TestOSAFM com   If you have a diditional information or comments you would like to provide to FNS (put has a rat special circumstances that FNS should knowl, please provide the information here:   Est   I   You have a diditional information or comments you would like to provide to FNS (put has a rat special circumstances that FNS should knowl, please provide the information here:   Ester Contracters remaining		for SNAP pay Financial Institu Bank of DC Street Number:	ment deposits ution Name	Street	Name:	ank) that you win be t	using
Reston VA 2201   Country   Unded States of America   If Anown, provide the name, phone number, and malling address of the Electronic   Regioner Trovide Name Euprent Provider Telephone Number:   Image: States of America Image: States of America   Image: States of America Image: Image: States of America   Image: States of America Image: Im		Additional Add	ress Line:				
Reston Vat 2201   Country   United States of America   If Known, provide the name, phone number, and mailing address of the Electronic Benefits Transfer (EBT) equipment provider Taiephone Number:   Turing Euripment Provider Taiephone Number:   Turing Turing   Turing Turing   Turing Turing   Turing Turing   Turing Street Number:   Turing Street Number:   Turing Pine Road   Additional Address Line:   Turing Turing   Turing Turing <td></td> <td></td> <td></td> <td></td> <td></td> <td>71- 0- 1</td> <td></td>						71- 0- 1	
Country   Unded States of America   If known, provide the name, phone number, and mailing address of the Electronic Benefits Transfer (EBT) equipment provider Toyouter Toyouter Telephone Number;   Toyout on the address for your Electronic Benefits Transfer (EBT) equipment provider Telephone Number;   Toyout the address for your Electronic Benefits Transfer (EBT) equipment provider   * Yes   Now the address for your Electronic Benefits Transfer (EBT) equipment provider   * Yes   Now the address for your Electronic Benefits Transfer (EBT) equipment provider   * Yes   Now the address Line:   1   Country   United States of America   * You have a market website, provide the website address.   Www TestOSAFM com   H you have additional information or comments you would like to provide to FNS (such as and special circumstances that FNS should know), please provide the Information   Infertionation of additional information or comments you would like to provide to FNS (such as and special circumstances that FNS should know), please provide the Information					v		
United States of America   If Known, provide the name, phone number, and malling address of the Electronic Benefits Transfer (EBT) equipment provider Talephone Number.   European Fransfer (EBT) equipment provider Talephone Number.   Image Control   Country   United States of America   Image States State Sta		Country					
Benefits Transfer (EDT) equipment provider for your market.   Equipment Provider Name   EdT Xerox   Table Add			of America	Ŧ			
EBT Xerox 123 456 7890   De you know the address for your Electronic Benefits Transfer (EBT) equipment provider?   * Yes No     Street Number: Street Name:     1 Pine Road   Additional Address Line:   Image: Street Name: Image: Street Name:   (Interstee Street Name:   1 Pine Road   Additional Address Line:   Image: Street Name: Image: Street Name:   (Interstee Street Name:   Image: Street Name: Image: Street Name:   (Interstee Street Name:   Image: Street Name: Image: Street Name:   (Interstee Street Name:   Image: Street Name: Image: Street Name:   (Interstee Street Name:   Image: Street Name: Image: Street Name:   (Interstee Street Name:   Image: Street Name: Image: Street Name:   (Interstee Street Name:   Image: Street Name: Image: Street Name:   (Interstee Street Name:   Image: Street Name: Image: Street Name:   (Interstee Street Name:   Image: Street Name: Image: Street Name:   (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Interstee Street Name: (Inters		Benefits Tran	sfer (EBT) equ	phone number ipment provide	r for your marke	it.	
<pre>% Yes @ Nd  Street Number: Price Road  Additional Address Line: Zip Code: Country Unded States of America County Unded States of America County Unded States of America County County</pre>			ider Name				
1       Pine Road         Additional Address Line:			ne address for yo	our Electronic Ber	efits Transfer (EB	T) equipment provider?	
Additional Address Line:         City:       State:       Zip Code:         Resion       VA       22201         Ountry       Ountry       Ountry         Infied States of America       Ountry         Www TestOSAFM com       Ountry         Hy ou have a market website, provide the website address.       Www TestOSAFM com         Hy ou 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:         Lest       711/775 Characters remaining         Save and Continue Later							
City::::::::::::::::::::::::::::::::::::		1		Pine	Road		
Restion       VA       22201         Country       Unded States of America         If you have a market website, provide the website address.         Www.TestOSAFM.com         If you have additional information or comments you would like to provide to FNS (such as any special arcumestances that FNS should know), please provide the information here:         Eest         771/775 characters remaining         Save and Continue Later		Additional Add	ess Line:				
Resion       VA       22201         Country       Unded States of America       .         My out have a market website, provide the website address.       .         Www TestOSAFM com       .         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:         Eest       .         Tri/T7S characters remaining         Sive and Continue Later							
Country         United States of America         If you have a market website, provide the website address.         www.TestIOSAFM.com         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:         test         Tri/T7S characters remaining         Save and Continue Later							
United States of America  If you have a market website, provide the website address.  www.TestOSAFM.com  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:  Event Tri/TrS characters remaining  Size and Continue Later				NA.	٣	22201 -	
www.testOSAFM.com         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:         test         771/77S characters remaining         Save and Continue Later			of America	T			
special circumstances that FNS should know), please provide the information here:				ovide the website	address.		
Save and Continue Later		special circums	itional informatio tances that FNS	should know), ple	ase provide the in	formation here:	y
				77	1/775 characters re	maining	
← Back Next →					ontinue Later		
					ontinue Later		
		← Back			ontinue Later		Next $\rightarrow$





# 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: 0553978**

Osa Test Farmers' Market #123 1 Maple Street Reston, VA 22201

#### Phone Number: (123) 456 - 7890

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

Certification and Signature Statement.

Copy of at least on of your current licenses to do business at the store location listed above.

Clearly legible, color copy of photo identification for all owners partners corporate officers shareholders. If this is a community property state, also submit copy of photo identification for spouses. <u>Copy each identification card in color on a separate page</u>.

□ Clearly legible, color copy of the Social Security number card for all owners partners, corporate officers, shareholders. If this is a community property state, also submit copy for spouses. <u>Copy each SSN card in color on a separate page</u>.

To avoid processing delays:

- Include a copy of this letter.
- · Submit all documents in one package
- Do not staple pages in the package together.
- Do not combine copies of documents on a single page.
- Do not send originals. Documents will not be returned.

You may check the status of your application online at <u>https://www.fns.usda.gov/snap</u>. You may also check our website 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 7228 (USPS Only) Falls Church, VA 22040

Phone: (877) 823 - 4369

Sincerely,

USDA, Food and Nutrition Service Supplemental Nutrition Assistance Program

# **Electronic Application**

# Mail With Documents

#### FNS Number: 0553978

**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 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.

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

Χ\_\_\_\_

Print Name

Date Signed

Print Title

Fri May 19 18:25:18 EDT 2017



# 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: 0553978** 

Osa Test Farmers' Market #123 1 Maple Street Reston, VA 22201

Phone Number: (123) 456 - 7890

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

Certification and Signature Statement.

Copy of at least on of your current licenses to do business at the store location listed above.

Clearly legible, color copy of photo identification for all owners partners corporate officers shareholders. If this is a community property state, also submit copy of photo identification for spouses. Copy each identification card in color on a separate page.

□ Clearly legible, color copy of the Social Security number card for all owners partners, corporate officers, shareholders. If this is a community property state, also submit copy for spouses. Copy each SSN card in color on a separate page.

To avoid processing delays:

- Include a copy of this letter.
- · Submit all documents in one package
- Do not staple pages in the package together.
- Do not combine copies of documents on a single page.
- Do not send originals. Documents will not be returned.

You may check the status of your application online at <u>https://www.fns.usda.gov/snap</u>. 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 7228 (USPS Only) Falls Church, VA 22040

Phone: (877) 823 - 4369

Sincerely,

USDA, Food and Nutrition Service Supplemental Nutrition Assistance Program

# **Electronic Application**

# Keep For Your Records

#### FNS Number: 0553978

**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 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.

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.

١	1	
	٧.	
-		

Signature

Χ.

Print Name

Date Signed

Print Title

Fri May 19 18:25:18 EDT 2017

### SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM APPLICATION FOR STORES

1	When did or when will the store open for business	s under your owne	rship (MM/DD/	YYYY):			
	01 / 01 / 2000						
2	Store Name:						
	Osa Test Farmers' Market						
3	Doing Business As (if different from store name):						ain Store Number (if applicable):
	Alt. Fm Name					1	23
5	, , , , , , , , , , , , , , , , , , ,	ere):					
	Street Number: Street Name:				Additional Add	ress (Bldg	#, Unit #, Stall #, etc.):
	1 Maple St				01.1		
	City:				State:		Zip Code:
6	Reston Store Mailing Address:				VA		22201
0	(Skip if your mailing address is the same as your	store location. If y	ou have a PO E	Box add	ress, enter it in	the street i	name field):
	Street Number:   Street Name:				Additional Add	lress (Bldg	#, Unit #, Stall #, etc.):
	City:		State:	Zip Co	de:	If foreign a	ddress, add Country:
7	Store Telephone Number:			8 Alte	ernate Telephon	e Number	:
	( 123 ) 456 - 7890			(	)	-	
9	Owner or Store Email Address: JDoe@test.co	om					
10	Is your business a delivery route, food buying coc		market farm st	tand/sta	ll/u-nick militar	V	
10	commissary/exchange or specialty food store that	t primarily sells on	e food type suc	h as me	eat/poultry, seaf	y ood, bread	i, or X Yes No
	fruits/vegetables?						
	Meat/Poultry Market Bakery	Military C	Commissary/Exc	change	<b>x</b> Farmer	rs' Market	Food Buying Cooperative
	Seafood Market Produce Market	et Delivery I	Route		Direct	Marketing	Farmer (Farm Stand/Stall/U-Pick)
				ranta n		-	
11	<b>Do not use this Form FNS-252 if you are a</b> Type of Ownership (check only <b>one</b> box):	opiyiliy as a resta	aurani. Resiau	iants n	iust use Form	FN3-252-	z, Application for meal Services.
		Dranziatorahin		dlichili	ty Compony		Nonprofit Organization
		e Proprietorship			ty Company		Nonprofit Organization
	Publicly Owned Corporation Part	nership	Govern	ment C	)wned		
	<b>11a</b> Is your firm legally organized as a nonprofit er	ntity?		Yes	s 🗶 No		
	11b If yes, does your firm have 501(c)(3) nonprofit	t tax-exempt statu	s?	Yes	s 🗶 No		
12	Corporation or Government Agency Information: I	If privately held co	rporation, nonp	rofit org	anization, or lin	nited liabilit	y company, enter the name and
	address of your corporation as on record with the						
	publicly owned corporation, enter the name and a <b>12a</b> Corporation Name:	address of the par	ent corporate o	ffice. Al	l others skip to	o the next	question.
	12a Corporation Name:						
	12b Corporation Address:						
	Street Number: Street Name:				Additional	Address (	Bldg #, Unit #, Stall #, etc.):
							,
	City:		State:	Zip Co	de:	If foreign a	ddress, add Country:
	12c If publicly owned or government owned, enter	er a contact persor	n:				
	First Name:	Middle Name:			Last Name:		
	Telephone Number:	Email Address:					
	( ) -						

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



14	Owner/Officer Information: Enter the name and home address of all officers, owners, partners, and members. In community property states (AZ, CA,
	ID, LA, NM, NV, TX, WA, and WI) spousal information must be entered for each person listed. If this is a publicly owned corporation or
	government owned store, skip to question 15. See instructions for more information about this question.

***  Ib Print nai First Nai Street N City: Social S  City: Social S  City: Social S  City: Social S  City: Social S  City: Social S  City: Social S  Street N City: Social S  Street N City: Street N City: Street N City: Street N City: Social S  Street N Street N City: Street N Street N City: Street N Street N City: Street N Street N Str	umber: ecurity Numb - ** - ** me exactly as me: lumber: me exactly as me: lumber: lumber: Becurity Numb  me exactly as me:	er: Da ** ( it appears Street N er: Da it appears Street I er: Da Street I er: Da	st Street te of Birth: (N 01 / 01 on the social Name: ate of Birth: (N / on the social Name: ate of Birth: (N / on the social Name:	Middle Name D MM/DD/YYYY) / 1980 I security card: Middle Name MM/DD/YYYY) / al security card: Middle Name MM/DD/YYYY) / al security card: Middle Name	State: VA Business Titl Owner e: State: Business Tit e: State:	E (i.e. owner	Additional Ad Code: 2201 ; partner, spo st Name: Additional Ad o Code: st Name: Additional Ad o Code:	If foreig use, etc.): J dress (Bldg If foreig buse, etc.):	g #, Unit #, Stall #, etc.): gn address, add Country Email Address: IDoe@test.com #, Unit #, Stall #, etc.): gn address, add Country Email Address: #, Unit #, Stall #, etc.): gn address, add Country Email Address:	
Street Ni 2 City: Restom Social Si **** b Print nai First Nai Street N City: Social S City: Social S City: Social S City: Social S Street N City: Social S	ecurity Numb - ** - ** me exactly as me: lumber: ecurity Numb  me exactly as me: lumber: - me exactly as me: lumber: -	Forres	st Street te of Birth: (N 01 / 01 on the social Name: ate of Birth: (N / on the social Name: ate of Birth: (N / on the social Name:	MM/DD/YYYY) / 1980 I security card: Middle Name MM/DD/YYYY) / al security card: MM/DD/YYYY) / MM/DD/YYYY) / al security card:	VA Business Titl Owner e: Business Tit e: State: Business Tit	Zip 22 e (i.e. owner Las Zip e (i.e. owner Las Zip e (i.e. owner	Additional Ad Code: 2201 ; partner, spo st Name: Additional Ad o Code: r, partner, spo st Name: Additional Ad o Code: r, partner, spo	If foreig use, etc.): J dress (Bldg If foreig buse, etc.):	gn address, add Country Email Address: IDoe@test.com #, Unit #, Stall #, etc.): gn address, add Country Email Address: #, Unit #, Stall #, etc.): gn address, add Country	
2 City: <u>Restom</u> Social Si *** b Print nar First Nar Street N City: Social S City: Social S City: Social S City: Social S Street N City: Social S	ecurity Numb - ** - ** me exactly as me: lumber: ecurity Numb  me exactly as me: lumber: - me exactly as me: lumber: -	Forres	st Street te of Birth: (N 01 / 01 on the social Name: ate of Birth: (N / on the social Name: ate of Birth: (N / on the social Name:	/ 1980 Il security card: Middle Name MM/DD/YYYY) / al security card: Middle Name MM/DD/YYYY) / al security card:	VA Business Titl Owner e: Business Tit e: State: Business Tit	e (i.e. owner Zip e (i.e. owner Zip e (i.e. owner Las Zip e (i.e. owner	Code: 2201 ; partner, spo st Name: Additional Ad o Code: r, partner, spo st Name: Additional Ad o Code: r, partner, spo	If foreig use, etc.): J dress (Bldg If foreig buse, etc.):	gn address, add Country Email Address: IDoe@test.com #, Unit #, Stall #, etc.): gn address, add Country Email Address: #, Unit #, Stall #, etc.): gn address, add Country	
Reston Social Si **** Ib Print nau First Nau Street N City: Social S City: Social S First Na Street N City: Social S Ad Print na First Na Street N City: Social S Street N City:	ecurity Numb - ** - ** me exactly as me: umber: ecurity Numb  me exactly as me: lumber: Becurity Numb  me exactly as me: lumber:	er: Da ** ( it appears Street N er: Da it appears Street I er: Da Street I er: Da	te of Birth: (N 01 / 01 on the socia Name: ate of Birth: (I / on the socia Name: ate of Birth: (I / s on the socia	/ 1980 Il security card: Middle Name MM/DD/YYYY) / al security card: Middle Name MM/DD/YYYY) / al security card:	VA Business Titl Owner e: Business Tit e: State: Business Tit	e (i.e. owner Zip e (i.e. owner Zip e (i.e. owner Las Zip e (i.e. owner	2201 , partner, spo st Name: Additional Ad Code: r, partner, spo st Name: Additional Ad Code: r, partner, spo	use, etc.): J dress (Bldg If foreig buse, etc.):	Email Address: IDoe@test.com #, Unit #, Stall #, etc.): gn address, add Country Email Address: #, Unit #, Stall #, etc.): gn address, add Country	
Reston Social Si **** Ib Print nau First Nau Street N City: Social S City: Social S First Na Street N City: Social S Ad Print na First Na Street N City: Social S Street N City:	ecurity Numb - ** - ** me exactly as me: umber: ecurity Numb  me exactly as me: lumber: Becurity Numb  me exactly as me: lumber:	** ( it appears Street N er: Da it appears er: Da it appears Street N Street N	01 / 01 on the socia Name: ate of Birth: (I / on the socia Name: ate of Birth: (I / son the socia	/ 1980 Il security card: Middle Name MM/DD/YYYY) / al security card: Middle Name MM/DD/YYYY) / al security card:	Business Titl Owner :: Business Titl e: State: Business Titl	e (i.e. owner Las Zip e (i.e. owner Las Las Las Las	, partner, spo st Name: Additional Ad O Code: r, partner, spo st Name: Additional Ad O Code: r, partner, spo	dress (Bldg If foreig buse, etc.):	IDoe@test.com #, Unit #, Stall #, etc.): gn address, add Country Email Address: #, Unit #, Stall #, etc.): gn address, add Country	
***  Ib Print nai First Nai Street N City: Social S  City: Social S  City: Social S  City: Social S  City: Social S  City: Social S  City: Social S  Street N City: Social S  Street N City: Street N City: Street N City: Street N City: Social S  Street N Street N City: Street N Street N City: Street N Street N City: Street N Street N Str	- ** - ** me exactly as me: umber: ecurity Numb  me exactly as me: lumber: Security Numb  me exactly as me: lumber:	** ( it appears Street N er: Da it appears er: Da it appears Street N Street N	01 / 01 on the socia Name: ate of Birth: (I / on the socia Name: ate of Birth: (I / son the socia	/ 1980 Il security card: Middle Name MM/DD/YYYY) / al security card: Middle Name MM/DD/YYYY) / al security card:	Owner  State: State: State: State: Business Tit Business Tit	Las	st Name: Additional Ad Code: r, partner, spo st Name: Additional Ad Code: r, partner, spo	dress (Bldg If foreig buse, etc.):	IDoe@test.com #, Unit #, Stall #, etc.): gn address, add Country Email Address: #, Unit #, Stall #, etc.): gn address, add Country	
<ul> <li>Ib Print nair First Nair</li> <li>Street N</li> <li>City:</li> <li>Social S</li> <li>First Nair</li> <li>First Nair</li> <li>First Nair</li> <li>First Nair</li> <li>Street N</li> <li>City:</li> <li>Social S</li> <li>First Nair</li> <li>Street N</li> <li>City:</li> <li>Social S</li> <li>Street N</li> <li>City:</li> <li>Social S</li> <li>Street N</li> <li>City:</li> <li>Social S</li> <li>Street N</li> <li>Gity:</li> <li>Social S</li> <li>Street N</li> <li>Street N</li> <li>Street N</li> <li>Bit Yes, p</li> <li>Ke Has any from con</li> </ul>	me exactly as me: lumber: lecurity Numb  me exactly as me: lumber: me exactly as me: lumber:	it appears Street N er: Da it appears Street I er: Da it appears Street I Street I	on the socia Name: ate of Birth: (I / on the socia Name: ate of Birth: (I / on the socia	MM/DD/YYYY) / al security card: Middle Name / MM/DD/YYYY) / al security card:	e: Business Tit e: Business Tit	e (i.e. owner Las Zip Las	Additional Ad Code: r, partner, spo st Name: Additional Ad Code: r, partner, spo	dress (Bldg If foreig buse, etc.): Idress (Bldg	#, Unit #, Stall #, etc.): gn address, add Country Email Address: #, Unit #, Stall #, etc.): gn address, add Country	
First Nai Street N City: Social S for Print nai First Na Street N City: Social S Swer the qui health vi been find health vi Sib If Yes, p City: Social S	me: lumber:  me exactly as me: lumber:  me exactly as me: lumber:	Street N er: Da it appears Street N er: Da it appears Street N	Name: ate of Birth: (I / on the socia Name: ate of Birth: (I / on the socia	Middle Name MM/DD/YYYY) / al security card: MM/DD/YYYY) / al security card:	e: Business Tit e: State: Business Tit	e (i.e. owner Las Zip Las	Additional Ad Code: r, partner, spo st Name: Additional Ad Code: r, partner, spo	If foreig	gn address, add Country Email Address: #, Unit #, Stall #, etc.): gn address, add Country	
City: Social S First Na Street N City: Social S Greet N City: Social S Street N City: Social S Street N City: Social S Street N City: Social S Street N City: Social S Street N City: Social S Street N City:	ecurity Numb me exactly as me: lumber: Gecurity Numb me exactly as me: lumber:	er: Da it appears Street I er: Da it appears Street I	ate of Birth: (I / on the socia Name: 	/ al security card: Middle Name MM/DD/YYYY) / al security card:	Business Tit	e (i.e. owner Las Zip Las Zip	o Code: r, partner, spo st Name: Additional Ad o Code: r, partner, spo	If foreig	gn address, add Country Email Address: #, Unit #, Stall #, etc.): gn address, add Country	
Social S Ac Print na First Na Street N City: Social S Ad Print na First Na Street N City: Social S Street N Street N	me exactly as me: lumber: Security Numb me exactly as me: lumber:	it appears Street I er: Da it appears Street I	/ s on the socia Name: ate of Birth: (l / s on the socia	/ al security card: Middle Name MM/DD/YYYY) / al security card:	Business Tit	e (i.e. owner	r, partner, spo st Name: Additional Ad o Code: r, partner, spo	ldress (Bldg	Email Address: #, Unit #, Stall #, etc.): gn address, add Country	
4c       Print na         First Na         Street N         City:         Social S         4d         Print na         First Na         Street N         City:         Social S         4d         Print na         First Na         Street N         City:         Social S         swer the quital Has any been find health vi been find health vi bib         ib       If Yes, p         ic       Has any from con	me exactly as me: lumber: Security Numb me exactly as me: lumber:	it appears Street I er: Da it appears Street I	/ s on the socia Name: ate of Birth: (l / s on the socia	/ al security card: Middle Name MM/DD/YYYY) / al security card:	e: State: Business Tit	Las Zip	st Name: Additional Ad O Code: r, partner, spo	Idress (Bldg	#, Unit #, Stall #, etc.): gn address, add Country	
4c       Print na         First Na         Street N         City:         Social S         4d         Print na         First Na         Street N         City:         Social S         4d         Print na         First Na         Street N         City:         Social S         swer the quital Has any been find health vi been find health vi bib         ib       If Yes, p         ic       Has any from con	me exactly as me: lumber: Security Numb me exactly as me: lumber:	it appears Street I er: Da it appears Street I	/ s on the socia Name: ate of Birth: (l / s on the socia	/ al security card: Middle Name MM/DD/YYYY) / al security card:	e: State: Business Tit	Las Zip	st Name: Additional Ad O Code: r, partner, spo	Idress (Bldg	#, Unit #, Stall #, etc.): gn address, add Country	
First Na Street N City: Social S 4d Print na First Na Street N City: Social S wer the qu ia Has any been fine health vi Sib If Yes, p ic Has any from con	me: lumber: Security Numb  me exactly as me: lumber:	Street I er: Da it appears Street I	Name: ate of Birth: (I / ; on the socia	Middle Name MM/DD/YYYY) / al security card:	e: State: Business Tit	Zip le (i.e. owner	Additional Ad Code: r, partner, spo	If foreig	gn address, add Country	 : 
City: Social S Ad Print na First Na Street N City: Social S swer the qu ia Has any been find health vi Sib If Yes, p	Security Numb	er: Da it appears	ate of Birth: (I / ; on the socia	/ al security card:	Business Tit	Zip le (i.e. owner	o Code: r, partner, spc	If foreig	gn address, add Country	
Social S 4d Print na First Na Street N City: Social S swer the qu ia Has any been fine health vi 5b If Yes, p ic Has any from con	me exactly as me:	it appears Street I	/ on the socia	/ al security card:	Business Tit	le (i.e. ownei	r, partner, spo			:
4d Print na First Na Street N City: Social S swer the qu ia Has any been fine health vi Sib If Yes, p	me exactly as me:	it appears Street I	/ on the socia	/ al security card:				ouse, etc.):	Email Address:	
First Na Street N City: Social S Swer the qu been fine health vi be <b>If Yes</b> , p <b>ic</b> Has any from con	me exactly as me: lumber:	Street I		al security card:		Las	st Name:			
City: Social S swer the qu ia Has any been fine health vi ib If Yes, p ic Has any from con			Name:							
City: Social S swer the qu ia Has any been fine health vi ib If Yes, p ic Has any from con						I	Additional Ad	ldress (Blda	#, Unit #, Stall #, etc.):	
Social S swer the qu ia Has any been find health vi ib If Yes, p ic Has any from con	Security Numb									
swer the qu ia Has any been fine health vi ib If Yes, p ic Has any from con	Security Numb	-						Zip Code: If foreign address, add Cou		
<ul> <li>Has any been find health vi</li> <li>If Yes, p</li> <li>Has any from con</li> </ul>		er: Da	ate of Birth: ( /	MM/DD/YYYY) /	Business Tit	le (i.e. owne	r, partner, spo	ouse, etc.):	Email Address:	
<b>ic</b> Has any from con	officer, owne	r, partner, r	member and	ers, members, /or manager ev ince Program (\$	er been denie	d, withdrawr				x
from con	provide an exp	lanation:								
from con										
		ess with or		/or manager cu j in any prograr					Yes	×
	officer, owner	partner, a	and/or memb	per currently re	ceiving assist	ance throug	h the Supple	mental Nutr	rition Yes	×
	0	owner, pai	rtner, and/or	member repor	ted this store	ownership to	their SNAP o	caseworker?	? Yes	
	ovide an expl		,	[- 0.						
·										
<b>ih</b> Has any										

	15j Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores?	Yes	🗶 No
	15k If Yes, how many currently authorized stores do you own?		
16	Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1999? <b>16a</b> If Yes, provide an explanation	Yes	X No
17	Do you sell products wholesale to other businesses such as hospitals or restaurants?	🗶 Yes	No
	17a. If Yes, do your retail food sales meet or exceed \$250,000 or 50% of your total gross sales?	🗙 Yes	No
18	Do you have or are you applying for a restaurant license for your store?	x Yes	No
19	Answer 19 <b>a</b> , <b>b</b> , <b>c</b> and <b>d</b> regarding staple food varieties that you have currently and on a continuous basis in your store. Enter the number of varieties for each staple food category if less than 10. Check "10+" if the number of varieties for each staple food category is equal to or greater than 10.	2	
	<b>19a.</b> Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.) that you have currently and on a continuous basis in your store:		10+
	<b>19b.</b> Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.) that you have currently and on a continuous basis in your store:	-	<b>x</b> 10+
	<b>19c.</b> Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.) that you have currently and on a continuous basis in your store:	_/ OR	
	<b>19d.</b> Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.) that you have currently and on a continuous basis in your store:	OR	<b>x</b> 10+
20	Answer the following questions regarding stocking units of staple food varieties that you have currently and on a		
	continuous basis in your store:		
	<b>20a.</b> Do you have at least three stocking units of each variety in the Breads and/or Cereals category (Examples: 3 bags of rice, 3 boxes of pasta, etc.)?	★ Yes	No
	<b>20b.</b> Do you have at least three stocking units of each variety in the Dairy products category (Examples: 3 cartons of soymilk, 3 cans of infant formula, etc.)?	X Yes	No
	<b>20c.</b> Do you have at least three stocking units of each variety in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, etc.)?	x Yes	No
	<b>20d.</b> Do you have at least three stocking units of each variety in the Vegetables and/or Fruits category (Examples: 3 apples, 3 cans of peaches, etc.)?	X Yes	No
21	Answer the following questions regarding perishable foods that you have currently and on a continuous basis in your store:		
	21a. Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)	🗙 Yes	No
	21b. Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's milk, refrigerated butter, etc.)	🗙 Yes	No
	21c. Do you have at least one variety of perishable foods in the Meat, Poultry, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)	X Yes	No
	<b>21d.</b> Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)	x Yes	No
22	Enter your estimated or actual retail sales for a one year period in the following table. If you do not sell a particular category of products place a "0" in the appropriate sales column cell.		
	Select "Actual" or "Estimated" sales below and indicate the tax year corresponding to your sales figures. If your store reported the sales it made in the last tax year to the Internal Revenue Service (IRS), you must enter actual sales. If your store did not report s IRS for the last tax year, enter your best good-faith estimate of the sales you expect to take place at your store in the next full tax	ales to the	
	Estimated Sales -or- Actual Sales Entered sales figures correspond to tax year 2015		

Sales Category	Sales
Gasoline	<b>\$</b> 10,000.00
Lottery	<b>\$</b> 11,000.00
Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.)	<b>\$</b> 12,000.00
Alcohol (Examples: wine, beer, liquor, etc.)	<b>\$</b> 13,000.00
Other Nonfood (Examples: soap, paper, pet food, etc.)	<b>\$</b> 12,000.00
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	<b>\$</b> 11,000.00
Cold Prepared Foods (Examples: sandwiches, salads, etc.)	<b>\$</b> 10,000.00
Accessory Foods (Examples: ice cream, potato chips, soda pop, doughnuts, etc.)	<b>\$</b> 22,000.00
Staple Foods (Examples: rice, milk, beef, apples, etc.)	<b>\$</b> 27,000.00
Total Sales	\$ 128,000.00

23 How many cash register	s are at this store?	0				
24 Are optical scanners use	ed at this store?	Yes 🗴 No				
25 Is this store open year ro	ound? 🗶 Yes	] No				
<b>25a If No</b> , check which Jan Feb	month(s) you are ope		Jul	Aug Sep	Oct Nov Dec	
26 Is this store open 7 days 26a If No, indicate opera		day? 🗶 Yes 🗌 No		sing Time Se	elect AM or PM	
Monday:	opening time		0100	Sing Time Oc		
Tuesday:						
Wednesday:						
- Thursday:						
Friday:						
Saturday:						
Sunday:						
27 Provide the name and add Financial Institution Nam Financial Institution Mail	ne: Bank Name					
Street Number:	Street Name:		1	Additional Address (	(Bldg #, Unit #, Stall #, etc.):	
2	Wall st					
City: Arlington		State: VA	Zip Code: 22201		If foreign address, add Country:	
<b>28</b> If known, provide the nam Equipment Provider Na		nd mailing address of the Ele	ectronic Benefits	Transfer (EBT) equip	oment provider for your store:	
Equipment Provider Ph	one Number: ( 123	) 456 - 7890				
Equipment Provider Ma	iling Address:					
Street Number:	Street Name:			Additional Address (Bldg #, Unit #, Stall #, etc.):		
5000	crazy st				, ,	
City:		State:	Zip Code:	1	If foreign address, add Country:	
crazy city		VA	20120			

**29** Do you have a website for your store? **If yes**, provide website address:

www.FarmersMarket.com

30 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:

**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. 552 (a)(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 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.

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.

$\sim$	
$\mathbf{\Lambda}$	

Signature

04/04/2017 Date Signed X a b c Print Name

Spouse

Print Title