

USDA Online Store Application		FORM APPROVED OMB No. 0584-0008 Expiration Date: XX/XX/20XX	Contact Us	Help	Logout
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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

Select an application type to get started



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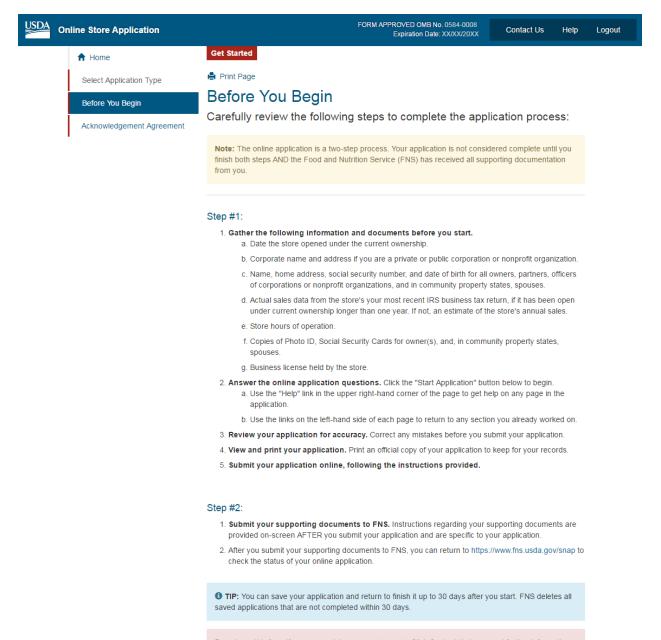
6 The following application questions will be tailored towards your above selection.

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.

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

Start Application

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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		
	owners of the firm may be liable for a \$1 U.S.C. 1001). I have read, understand and agree with Penalty Warning and Certification States	on is provided or information is hidden from 0,000 fine or imprisoned for as long as five y the conditions of participation outlined in th ments, and agree to comply with all statutory plemental Nutrition Assistance Program.	ears, or both (7 U.S.C. 2024(f) and 18 e Privacy Act, Use and Disclosure,
	PRIVACY ACT AND PAPERWORK RED	UCTION NOTICE	
	Accept Decline		
	Name of the person completing the app		Lead Marrie
	First Name:	Middle Name:	Last Name:
	Title:		
	Select-One		

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USDA Online Store Application

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Refore You Regin

Select Application Type 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

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

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- 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 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.
- 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 Fréesral 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 the international mathing and the numbers in the first, and only when the Excertainy of the internation mathing which other agency (42 u.S.c. 405(c)(2)(3)(0)), 26 U.S.c. 405(r)).
- 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, V en may disclose information to other devolution of contract and the administration and enforcement of the Food an applicants and participating firms, and to assist in the administration and enforcement of the Food an function 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 1950-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 relevant pin structions, searching existing data sources, gamering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponso, and a person is not required to expend 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 auguetons for reducing this burden to U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Room 1014, 3101 Park center Orive, Alexandria, VA 22302, ATTN: FPA (0584-0005). 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.

Accept
Decline

Title:

Name of the person completing the application: First Name: Middle Name: Last Na John D Smith

* Owner

Next

Last Name:

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A Home	Information				
Select Application Type	🖨 Print Page				
Before You Begin	Basic Information				
	In this section, provide basic store information. Use the	Help feature if you have any question	ons.		
Acknowledgement Agreement	When did or when will the store open for business u	under your ownership?			
Basic Information	mmddyyyy				
Ownership Information	Store Name				
Sales Information					
Inventory Information	If different from your official store name, what name	is your store doing business as	? What is this?		
Supplemental Information		, ,			
Review and Submit	Chain Store Number: What is this?				
	What is your store's location address? (do no	ot enter PO Box here)			
	Street Number:	Street Name:			
	Additional Address Line:				
	City: State:		Zip Code:		
	Select-	One 🔻		-	
	Is the store's mailing address the same as the store	e's location address?			
	-				
	🔍 Yes 🔍 No				
	Store Telephone Number:	Alternate Telephone	Number: What is this	s?	
		-	-		
	Owner or Store Email Address:	Confirm Email Addre	ess:		
	Is your business a delivery route, food buying coop	perative, farm stand/stall/u-pick.	military commissar	v/exchan	de or a
	specialty food store that primarily sells one food ty				
	🔍 Yes 🔍 No				
	_				
	s	ave and Continue Later			
	← Back				Next \rightarrow
FOIA Accessibi	lity Statement Privacy Policy Non-Discrimination Statem	ent Information Quality USA.go	v White House		

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↑ Home	Information					
Select Application Type	🚔 Print Page					
	Basic Information					
Before You Begin	In this section, provide basic store information. Us	e the Help featur	e if you have any ques	tions.		
Acknowledgement Agreement	When did or when will the store open for busi	ness under you	r ownership?			
Basic Information	04012017					
Ownership Information	Store Name					
Sales Information	Test OSA Store					
Inventory Information	If different from your official store name, what	name is your st	tore doing business a	s? What is this?		
Supplemental Information	Alternative Store Name					
Review and Submit	Chain Store Number: What is this?					
	123					
	What is your store's location address? (do not enter i	PO Box here)			
	Street Number:	Street N				
	1	Maple	Street			
	Additional Address Line:					
	City: Sta	te:		Zip Code:		
	Reston	/A	Ŧ	22201	-	
	Ves No Street Number: 1	Street N Pine R				
	Additional Address Line:					
	City: Sta	te:		Zip Code:		
		/A	Ŧ	22201	-	
	Country					
	United States of America	Ŧ				
	Store Telephone Number:		Alternate Telephon	e Number: What is	this?	
	123 - 456 - 7890			54 - 32		
	Owner or Store Email Address:		Confirm Email Add			
	Test@test.com		Test@test.com			
	Is your business a delivery route, food buyin specialty food store that primarily sells one fo	ood type such a				
	Delivery Route	٣				
		Save and C	ontinue Later			
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🕈 Home	Store Information
Select Application Type	A Print Page
Before You Begin	Ownership Information
Acknowledgement Agreement	In this section, provide information on the type of ownership as well as the identity of each owner. You must provide information for all officers, owners, partners, and members, if the store is owned by one or more people, a nonprofit organization, or a private
Basic Information	corporation. In community property states (AZ, CA, ID, LA, NM, NV, TX, WA, and WI) spousal information must be entered for each person listed. Click Help for more information about this guestion.
Ownership Information	Is your firm legally organized as a nonprofit entity?
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 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 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
	Is any officer, owner, partner, and/or member currently receiving assistance through the Supplemental Nutrition Assistance Program?
	Yes No No
	Has any 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 No
	Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores (such as Store, Farmers' Market, etc.)?
	♥ Yes ● No
	Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1999?
	Yes No
	Save and Continue Later
	$\leftarrow Back$

ft Home		6	Expiration Date: XXXXX/200	Contact Us	s Help Logout
	Store Information				
Select Application Type	 Print Page Ou um a scala in Um fa mus at 				
Before You Begin	Ownership Informat				
Acknowledgement Agreement	In this section, provide information on the officers, owners, partners, and members, corporation. In community property states person listed. Click Help for more information of the section of the s	type of ownership as we if the store is owned by (If as the identity of eac one or more people, a	h owner. You must p nonprofit organizatio	rovide information for al n, or a private
Basic Information	corporation. In community property states person listed. Click Help for more information	s (AZ, CA, ID, LA, NM, N ation about this question.	(TX, WA, and WI) spo	usal information mu	st be entered for each
Ownership Information	Is your firm legally organized as a non * Yes © No	profit entity?			
Sales Information	Does your firm have 501(c)(3) non-pro	fit tax-exempt			
Inventory Information	status?				
Supplemental Information					
Review and Submit	If you have an Employer Identification	number(EIN) enter it h	ere: What is this?		
	12 3456789				
	Corporation Name:				
	Test Nonprofit Organization				
	Street Number:		lame(or Post Office B	ox):	
	1	Forrer	it Drive		
	Additional Address Line:				
	City: Reston	State:	*	Zip Code: 22201	
	Country				
	United States of America				
	Enter personal information for ea	ich owner, partner, r	nember, officer, di	ector, board me	mber of record.
	Enter personal information for ea Enter name exactly as it appears	s on social security of	ard.		
	Person 1				
	First Name:	Middle Name:		Last Name:	
	John	D		Smith	
	Street Number:	Street Name: Grove Street			
		Grove Street			
	Additional Address Line:				
	City:	State:		Zip Code:	
	Reston	VA.		22201	
	Country				
	United States of America	*			
	Social Security Number:		Date of Birth:		
	123 - 45	. 6789	01011980		
	Title: Corporate Officer		Email Address: test@test.com		
				_	
	To add another officer, owner, partner, spouse, click the "Add Person" button	member, director, board	member or	A	dd Person
	Has any officer, owner, partner, memb fined for Supplemental Nutrition Assi violations?	or all Responsible C ber and/or manager eve Istance Program (SNAS			
	Haa any officer, owner, partner, menn finde for Supplemental Nutrition Assi violations?	zer andlor manager eve	r been denied, with	Irawn, disqualified, tobiol, tobacco, lott 4967	suspended, or been lerg, andior health
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DA Online Store Application	FORM APPROVED DWB No (1984-0008 Exercision Dwb: 3000/2000 Contact Us Help Logout
A Home	Store Information
Select Application Type	Ownership Information
Before You Begin Acknowledgement Agreement	
Basic Information	In this section, provide information on the type of ensemptip as well as the lexitity of each ensert. You must provide information to all offices; commen; partiers, and emethering. If the store is onered to one or more people, an enpriod organization, or a private corporation. In community property states (AZ_CA, D, L, A, NA, NV, TX, VN, and VN) spousal information must be entered for each person field. Coll. Help for more information about the guided.
Ownership Information	Is your firm legally organized as a nonprofit entity?
Sales Information	Yes No
Inventory Information	What is the ownership type of this store? Publicly Owned Corporation
Supplemental Information	
Review and Submit	If you have an Employer Identification number(EIN) enter it here: What is this?
	12 3456789
	Enter the name and address of the parent corporate office:
	Test Corporation
	Street Number: Street Name(or Post Office Box):
	1 Pine Drive
	Additional Address Line:
	City: State: Zip Code: Reston VA * 22201
	Country
	United States of America *
	Contact person information
	First Name: Last Name:
	Mike J Scott
	Telephone Number: Email Address: 123 - 456 - 7890 test@test.@
	Answer the following questions for all Responsible Officials, officers, owners, partners, members, and/or
	managers
	Has any 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
	If Yes, provide an explanation:
	If Yes, provide an explanation: test
	test 286500 characters remaining Has any officer, owner, partner, member and/or manager currently or ever been suspended or debarred from conducting
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USDA Online Store Application	FORM APPROVED OMB No. 0584-0008 Expiration Date: XXXX/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 specify the store sales information.
Basic Information	Do you sell products wholesale to other businesses such as hospitals or restaurants?
Ownership Information	⊘ Yes ⊘ No
Sales Information	Do you have or are you applying for a restaurant license for your store?
Inventory Information	Ves No
Supplemental Information	
Review and Submit	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 store 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 store 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 store in the next full tax year.
	Retail sales are: Estimated Actual
	Tax year:
	Round to nearest dollar, do not enter cents or dollar sign. Enter a positive number less than 999,999,999,999. Example: 250,000
	Save and Continue Later
	← Back Next →
FOIA Accessibili	ity Statement Privacy Policy Non-Discrimination Statement Information Quality USA gov White House

USDA Online Store Application	FORM APPROVED OMB No. 0584-0008 Expiration Date: XXXX/20X		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 specify the store sales information.				
Basic Information	Do you sell products wholesale to other businesses such as hospitals or restaura	nts?			
Ownership Information	Yes No				
Sales Information	Do your retail food sales meet or exceed \$250,000 or 50% of your total gross sale	;?			
Inventory Information	Yes No No				
Supplemental Information	Do you have or are you applying for a restaurant license for your store?				
Review and Submit	🖲 Yes 🏐 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 store 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 store 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 store in the next full tax year.

Retail sales are:
 Estimated
 Actual

Tax year:

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	s	
Gasoline	\$	100,000	.00
Lottery	\$	50,000	.00
Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.)	\$	22,000	.00
Alcohol (Examples: wine, beer, liquor, etc.)	\$	12,000	.00
Other Nonfood (Examples: soap, paper, pet food, etc.)	\$	10,000	.00
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	\$	55,000	.00
Cold Prepared Foods (Examples: sandwiches, salads, etc.)	\$	86,000	.00
Accessory Foods (Examples: ice cream, potato chips, soda pop, doughnuts, etc.)	\$	12,000	.00
Staple Foods (Examples: rice, milk, beef, apples, etc.)	\$	11,000	.00
Total Sales		\$358,000	

Save and Continue Later



Next \rightarrow

USDA Online Store Application	FORM APPROVED OMB No. 0584-0008 Expiration Date: XXXX/20X		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 specify the store sales information.				
Basic Information	Do you sell products wholesale to other businesses such as hospitals or restaura	nts?			
Ownership Information	Yes No				
Sales Information	Do your retail food sales meet or exceed \$250,000 or 50% of your total gross sale	;?			
Inventory Information	Yes No No				
Supplemental Information	Do you have or are you applying for a restaurant license for your store?				
Review and Submit	🖲 Yes 🏐 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 store 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 store 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 store in the next full tax year.

Retail sales are:

Estimated
Actual

Tax year:

2015 •

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	s	
Gasoline	\$	100,000	.00
Lottery	\$	50,000	.00
Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.)	\$	22,000	.00
Alcohol (Examples: wine, beer, liquor, etc.)	\$	12,000	.00
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Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	\$	55,000	.00
Cold Prepared Foods (Examples: sandwiches, salads, etc.)	\$	86,000	.00
Accessory Foods (Examples: ice cream, potato chips, soda pop, doughnuts, etc.)	\$	12,000	.00
Staple Foods (Examples: rice, milk, beef, apples, etc.)	\$	11,000	.00
Total Sales		\$358,000	

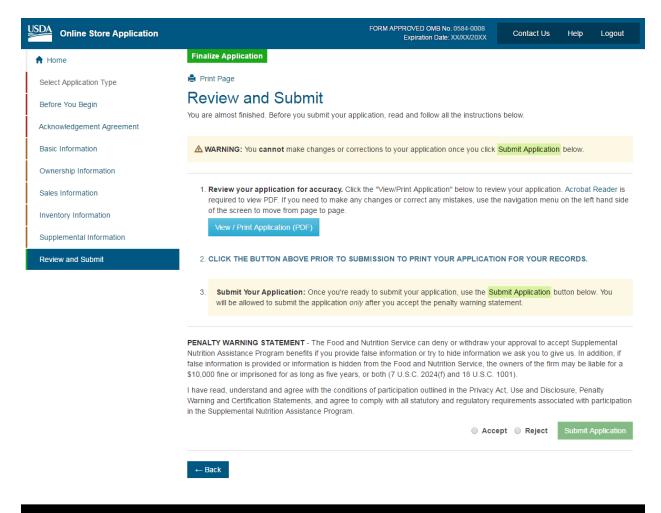
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USDA Online Store Application		FORM APPROVED OMB No. 0584-0008 Expiration Date: XX/XX/20XX	Contact Us	Help	ne •
A Home	Store Information				=
Select Application Type	A Print Page				9
Before You Begin	Inventory Information				mc
Acknowledgement Agreement	In this section, you will specify the types of inventory that you carry at this location. Please answer the o varieties and the depth of stock that you have currently and on a continuous basis in your store.	juestions regarding staple food			00
Basic Information	Answer the following questions regarding staple food varieties that you have currently and or				
Ownership Information	store. 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.	" if the number of varieties			
Sales Information	Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.):	Select-One *			
Inventory Information	(cxamples: nce, pasta, nour, pita, tortilia, etc.):				
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					
	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 hav continuous basis in your store.	e currently and on a			
	Do you have at least three stocking units of <u>each</u> 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 No			
	Do you have at least three stocking units of <u>each</u> variety in the Meat, Poulity, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, etc.)?	Yes No			
	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 store.	continuous 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, Poultry, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)?	Yes <a>O No			
	Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: firesh apples, frozen broccoli, etc.)?	Yes No			
	Save and Continue Later				
	+- Back	Next			

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	Supplemental Inform		
Acknowledgement Agreement	In this section, you will specify your store's	operational information based on this store locatio	n
Basic Information	How many cash registers are at your sto	re?	
Ownership Information			
Sales Information	Are optical scanners used at this store?	?	
Inventory Information	🔘 Yes 🔘 No		
Supplemental Information	Is your store open year round?		
Review and Submit	○ Yes ○ No		
1	ls your store open 7 days a week, 24 ho	urs per day?	
	🔘 Yes 🔘 No		
	Provide the name and address of t deposits. Financial Institution Name	the financial institution (bank) that you w	vill be using for SNAP payment
	Street Number:	Street Name:	
	Additional Address Line:		
	City:	State:	Zip Code:
		Select-One v	-
	Country		
	United States of America	۲	
	equipment provider for your store. Equipment Provider Name	Equipment Provider T	elephone Number:
	Do you know the address for your Elect	tronic Benefits Transfer (EBT) equipment pro	vider?
	If you have a store website, provide the	website address.	
	If you have additional information or co FNS should know), please provide the ir	mments you would like to provide to FNS (suc nformation here:	h as any special circumstances that
		775/775 characters rem	naining
		Save and Continue Later	
	← Back		Next \rightarrow
	hility Statement, I Drivacy Policy, I Non Discrimin		

USDA Online Store Application			FORM APP	ROVED OMB No. 0584-000	8 Contact Us	Help Logout			
	Store Informatio			Expiration Date: XX/XX/20)	Contact US	neip Logout			
A Home	Store Informatio								
Select Application Type	Print Page Supplem	nental Infor	mation						
Before You Begin Supplemental Information In this section, you will specify your store's operational information based on this store location									
Acknowledgement Agreement	How many cash	registers are at your :	store?						
Basic Information	10								
Ownership Information	Are optical scan	ners used at this sto	re?						
Sales Information	⊛ Yes © No								
Inventory Information	Is your store op								
Supplemental Information		en year round r							
Review and Submit	○ Yes ● No								
	Indicate which mo	inth(s) you are open (m b 🕑 Mar 🕑 Ap		e 🗷 July 🗷 Aug	🗷 Sep 🔲 Oct	Nov Dec			
		en 7 days a week, 24							
	© Yes ⊛ No								
				102					
	is your store op	en the same hours ev	rery day (7 days a wee	к)?					
	⊖ Yes ⊛ No								
	Indicate your store	e hours and days of op	eration (See Example be	elow):					
	Monday	7:30	🖲 AM 😐 PM	9:30	. AM 😳 PM				
	Monday	08:00	* AM 🔍 PM	09:00	© AM ® PM				
	Tuesday	09:00	⊛ AM ○ PM	09:00	© AM ® PM				
	Wednesday	09:00		09:00	© AM ⊛ PM				
	Thursday	09:00		09:00	○ AM [®] PM				
	Friday	09:00		09:00	© AM ® PM				
	Saturday	09:00	⊛ AM ○ PM	09:00	© AM [®] PM				
	Sunday				© AM [©] PM				
	Sunday	HH:MM	C AM C PM	HH:MM	O AM O FM				
	Street Number:		Street 1 Oa	Name: k Street					
	Additional Addre	ess Line:							
	City:		State:		Zip Code:				
	Reston		VA	•	22201				
	Country								
	United States o	f America	٠						
	If known, prov equipment pro	ide the name, pho wider for your stor	ne number, and ma e.	illing address of the	Electronic Benefits	Transfer (EBT)			
	Equipment Provi	der Name		Equipment Provid	er Telephone Number:				
	EBT Provider Xe	erox		123 -	456 - 7890				
	Do you know the	e address for your El	ectronic Benefits Tran	sfer (EBT) equipment	provider?				
	⊛ Yes 🕕 No								
	Street Number:		Street	Name:					
	1		Willo	w Drive					
	Additional Addre	ess Line:							
	City:		State:		Zip Code:				
	Reston		VA	٠	22201				
	Country United States o	f America	•						
	omied states o	n Antonica	•						
		an contraction of the							
	If you have a sto www.OSAStore1	re website, provide ti Test.com	ie website address.						
				ike to provide to FNS	such as any special cir	cumstances that			
	Additional Comr	w), please provide the ments Test	omauon nere:						
				751/775 characters	remaining				
			- Cours and	751/775 characters	remaining				



USDA	Online Store Application	F	ORM APPROVED OMB No. 0584-0008 Expiration Date: XX/XX/20XX	Contact Us	Help	Logout							
A Ho	ome	Finalize Application											
		🚔 Print Page											
		Documents to Submit											
		Documents to Submit to USDA's Food and Nutrition	1 Service:										
		Your application was submitted and assigned FNS Num	ber - 0553977. Please keep this num	oer, as it is a perm	anent ID f	or the store.							
		You are NOT approved to accept SNAP benefits until FNS makes a determination regarding your eligible FNS will process an application once it's complete and notify you of a decision in writing. In order to help detern FNS employee or representative may visit your store.											
		In order to complete your application, you must submit s	supporting documentation as follows:										
		 Print and sign a 'Certification and Signature State therefore, you must provide a written signature. (Print Required Certification and Signature Statement 			es at this	time;							
		2. Submit at least one current business license in yo	our name. Click here for examples.										
		 Submit a color copy of Photo Identification for all spouses. <u>Copy each identification card in color or</u> 			nity prope	rty state,							
		 Submit a color copy of the Social Security Number state, spouses. <u>Copy each identification card in co</u> Submit Documents Electronically. 			commun	ity property							
		Submit Documents Electronically											
		Applicants who are unable to submit docume	ents electronically have the op	tion to mail the	docum	ents to:							
		USDA, Food and Nutrition Service PO BOX 7228 (USPS Only) Falls Church, VA 22040											
		If you are mailing your documents, please print a 'Docu store name and address. You must print and submit any documents with your application. (Acrobat Reader is rec	documents to FNS with a cover shee										
		Print Cover Sheet											
		IMPORTANT: If you mail your documents, you <u>MUST</u> us courier services will NOT deliver to a P.O. Box. Follow in											
		If you have questions, call: (877) 823 - 4369											
		Logout											
	FOIA Accessib	ility Statement Privacy Policy Non-Discrimination Statem	nent Information Quality USA.gov	White House									



Mail With Documents

Dear Retailer:

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: 0553977 Test Osa Store # 123 1 Maple Street Reston, VA 22201

Store 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. <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 web site to obtain training materials to ensure that you and your employees 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

FNS Number: 0553977

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.

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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.

Х

Signature

Х

Print Name

Date Signed

Print Title

Fri May 19 18:23:35 EDT 2017



Keep For Your Records

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USDA, Food and Nutrition Service PO BOX 7228 (USPS Only)

Falls Church, VA 22040 Phone: (877) 823 - 4369

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Supplemental Nutrition Assistance Program

Electronic Application

Mail With Documents

FNS Number: 0553977

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- 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;
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- 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;
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X

Signature

X ____

Print Name

Date Signed

Print Title

Fri May 19 18:23:35 EDT 2017

Electronic Application

Keep For Your Records

FNS Number: 0553977

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Signature

X

Print Name

Date Signed

Print Title

Fri May 19 18:23:35 EDT 2017

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM APPLICATION FOR STORES

1	When did or when will 01 / 01 / 2000	I the store	open for business	s under your owne	rship (MM/DD/	YYYY):				
2	Store Name: Test Osa Store									
3	Doing Business As (if Alt. Store Name	different f	rom store name):						aain Store Number (if appl 23	icable):
5	Store Location Addres	ss (do not	enter P.O. Box he	ere):				·		
	Street Number: St	reet Name	:				Additional Add	dress (Bldg	#, Unit #, Stall #, etc.):	
	1 N	Iaple St.					Apt. B			
	City:	<u>apre 50.</u>					State:		Zip Code:	
	Reston						VA		22201	
6							Additional Ad	dress (Bldg	#, Unit #, Stall #, etc.):	
	City:				State:	Zip Co	de:	If foreign a	ddress, add Country:	
7	Store Telephone Num	ber:				8 Alte	rnate Telepho	ne Number		
	(123) 456 -					(4 - 321		
9	Owner or Store Email		JSmith@test			``	901 1 05	+ 521	0	
11	Type of Ownership (c Privately Held C Publicly Owned I1a Is your firm legally I1b If yes, does your f Corporation or Govern	e or specia rket	Bakery Bakery Produce Marke -252 if you are ap one box): Sole on X Part d as a nonprofit er 501(c)(3) nonprofit ency Information: I on record with the	t primarily sells on Military C et Delivery I oplying as a rest e Proprietorship nership htity? t tax-exempt statu: f privately held co State. If governm	e food type suc Commissary/Ex Route aurant. Restau Govern s? [rporation, nonp ent owned, ento	change change d Liabilit ment O Yes Yes rofit orga	A Company A Company	afood, bread ers' Market Marketing I 5 FNS-252-2 mited liabilit ess of the re	Food Buying Coo Farmer (Farm Stand/Stall/ 2, Application for Meal S Nonprofit Organization	(U-Pick) Services.
	12b Corporation Add	ress:								
	Street Number:		Street Name:				Additiona	al Address (Bldg #, Unit #, Stall #, etc	.):
	City:				State:	Zip Co	de:	If foreign a	ddress, add Country:	
	12c If publicly owned	or govern	ment owned, ente	er a contact persor	า:	I				
	First Name:			Middle Name:			Last Name:			
	Telephone Numb	per: -		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.

	Print name exactly as it First Name:		Middle Name			-	st Name:		
	Hsgrfshfg		G			G	hdfgshf		
	Street Number:	Street Name:		_		_	Additional A	ddress (Blo	dg #, Unit #, Stall #, etc.):
	623546	Shjdsfhg				,			
	City:			T	State:		o Code:	If fore	eign address, add Country:
	Centrevile				VA		0120		
	Social Security Number:		MM/DD/YYYY)	Busin	ess Title (i.e	e. owne	r, partner, spo	ouse, etc.):	Email Address:
	*** - ** - ***;	* 09 / 09	/ 1989	Partr	ner				mahe.balraj@gmail.com
l4b	Print name exactly as it	appears on the socia	I security card:						mune.ounuj@gnum.com
	First Name:		Middle Name	e:		La	st Name:		
	Ystsyfsyd					G	dhdfhdsfg		
	Street Number:	Street Name:					Additional Ad	ddress (Bld	g #, Unit #, Stall #, etc.):
	26352645	Sbdfsdhfbsdf							
	City:				State:	Zi	p Code:	If fore	ign address, add Country:
	Sfshdfvsbfs				VA		0120 - 2374		-
	Social Security Number	: Date of Birth: (MM/DD/YYYY)	Busin		e. owne	er, partner, sp	ouse, etc.):	Email Address:
	*** - ** - ***		/ 1989	Part			· /-F	,,	mahe.balraj@gmail.com
4c	Print name exactly as it	09 1 09							
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	Street Number:	Street Name:					Additional A	adress (Bld	g #, Unit #, Stall #, etc.):
						I			
	City:				State:	Zi	p Code:	If fore	eign address, add Country:
	0.1.1.0	B 1 1 B 1 1 B 1 1 1 B 1 1 1 1 1 1 1 1 1 1							
	Social Security Number	: Date of Birth: (MM/DD/YYYY)	Busin	iess Title (i.	e. owne	er, partner, sp	ouse, etc.):	Email Address:
		/	/						
4d	Print name exactly as it	appears on the socia				1			
	First Name:		Middle Name	e:		La	ist Name:		
							A 1 1111 1 1		
	Street Number:	Street Name:	Street Name:				Additional A	ddress (Bld	lg #, Unit #, Stall #, etc.):
	City:				State:	Zi	p Code:	If fore	eign address, add Country:
_	0 1 1 0 11 11			-					
	Social Security Number	": Date of Birth: (MM/DD/YYYY)	Busin	iess Title (i.	e. owne	er, partner, sp	ouse, etc.):	Email Address:
			/						
5a	er the questions for all of Has any officer, owner, been fined for Suppleme health violations?	partner, member and	/or manager ev	er bee	n denied, w	ithdraw			
5b	If Yes, provide an expla	nation:							
	Has any officer, owner,								Yes
	from conducting busines	s with or participating							
5d	If Yes, provide an expla	nation:							
50	Is any officer, owner, p	artner and/or momb	er currently ro	ceivino	1 assistance	throw	nh the Sunnly	emental Nu	
	Assistance Program?	oarther, and/or memo	er currentiy re	CEIVING	y assistance	= unou	une Supple	emental NU	Itrition Yes X
5f	If Yes, has the officer, o	wner, partner, and/or	member report	ted this	s store own	ership t	o their SNAP	caseworke	r? Yes
5g	If No, provide an explan	ation:							
-	Llos any officer owner	partner and/or memb	or over been di	iogualif	iod from rov	oivina	assistance th	rough the	Yes X

Has any 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

	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? 16a If Yes, provide an explanation	Yes	X No
17	Do you sell products wholesale to other businesses such as hospitals or restaurants?	x 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 a , b , c and d 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	_
	19a. 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+
	19b. 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:		x 10+
	19c. 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:	<u>7</u> OR	
	19d. 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	x 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:		
	20a. 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.)?	x Yes	No
	20b. 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
	20c. 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
	20d. 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.)	x 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
	21d. 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 K Entered sales figures correspond to tax year 2015		

Sales Category	Sales
Gasoline	\$ 3,745,643,765.00
Lottery	\$ 8,235,875.00
Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.)	\$ 87,588.00
Alcohol (Examples: wine, beer, liquor, etc.)	\$ 2,000.00
Other Nonfood (Examples: soap, paper, pet food, etc.)	\$ 25,000.00
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	\$ 10,000.00
Cold Prepared Foods (Examples: sandwiches, salads, etc.)	\$ 12,150.00
Accessory Foods (Examples: ice cream, potato chips, soda pop, doughnuts, etc.)	\$ 10,000.00
Staple Foods (Examples: rice, milk, beef, apples, etc.)	\$ 43,000.00
Total Sales	\$ 3,754,069,378.00

23	How many cash registe	ers are at this store?	10						
24	Are optical scanners us	sed at this store?	Yes 🗌 No)					
25	Is this store open year r	round? Yes	× No						
	25a If No , check which Jan x Feb		pen: .pr 🗌 May	🗌 Jun	🗌 Jul	Aug	Sep	Oct	Nov Dec
26	Is this store open 7 days		er day? 🗌 Ye	s 🗙 No					
	26a If No, indicate oper	ating nours: Opening Time	Select AM or F	м		Closing Time	50	lect AM or PM	
	Monday:	7:30				10:30			
	Tuesday:	7:30	×			10:30			
	Wednesday:	7:30	X			10:30			
	Thursday:	7:30	× [10:30			
	Friday:	7:30	x [10:30			
	Saturday:	7:30	× [10:30	_		
	Sunday:	7:30				10:30			
	Financial Institution Nat Financial Institution Ma Street Number:					Additiona	al Address (I	Bldg #, Unit #, Sta	all #, etc.):
	1	test				test			
	City: Test			State: VA	Zip Coo 22201			If foreign addres	s, add Country:
28	If known, provide the na Equipment Provider N		and mailing addre	ess of the Elec	tronic Bene	efits Transfer	(EBT) equip	ment provider for	your store:
	Equipment Provider Pl	hone Number: () -						
	Equipment Provider M	lailing Address:							
	Street Number:	Street Name:				Addition	al Address	(Bldg #, Unit #, S	tall #, etc.):
	2	Walnut Drive	2					/	,
	City:	1		State:	Zip Co			If foreign addre	ss, add Country:
	Arlington			VA	2220	1			
29	Do you have a website f	for your store? If yes	, provide website	address:					

www.TestCornerStore.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.

Х

Signature

X____

Print Name

05/15/2017 Date Signed

Print Title