



Online Store Application (OSA) for SNAP*

For new applications, select from the following options:

[Start New Application →](#)

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For submitted applications, select from the following options:

Note: For these actions the system may take a few moments to load the page(s) you have selected if you have submitted a large number of applications.

[⌚ Check Status of Previously Submitted Application ▶](#)

[📄 Upload Documents or View/Print Cover Letter, Certification and Signature Statement and 252E Form ▶](#)

[📘 * Supplemental Nutrition Assistance Program \(SNAP\)](#)



Home

Get Started

Select Application Type

Print Page

Select an application type to get started



● Store Application

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



● Farmers' Market Application

Farmers' markets are defined as "multi-stall markets at which farmer-producers sell food products they produced (fruits, vegetables, meat, dairy, grains, etc.) directly to the general public, at a central or fixed location."

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

► Privacy Act And Paperwork Reduction Notice

Go



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



Home

Select Application Type

Before You Begin

Acknowledgement Agreement

Get Started

Print Page

Before You Begin

Carefully review the following steps to complete the application process:

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

Step #1:

- Gather the following information and documents before you start.**
 - Date the store opened under the current ownership.
 - Corporate name and address if you are a private or public corporation or nonprofit organization.
 - Name, home address, social security number, and date of birth for all owners, partners, officers of corporations or nonprofit organizations, and in community property states, spouses.
 - Actual sales data from the store's your most recent IRS business tax return, if it has been open under current ownership longer than one year. If not, an estimate of the store's annual sales.
 - Store hours of operation.
 - Copies of Photo ID, Social Security Cards for owner(s), and, in community property states, spouses.
 - Business license held by the store.
- Answer the online application questions.** Click the "Start Application" button below to begin.
 - Use the "Help" link in the upper right-hand corner of the page to get help on any page in the application.
 - Use the links on the left-hand side of each page to return to any section you already worked on.
- Review your application for accuracy.** Correct any mistakes before you submit your application.
- View and print your application.** Print an official copy of your application to keep for your records.
- Submit your application online, following the instructions provided.**

Step #2:

- Submit your supporting documents to FNS.** Instructions regarding your supporting documents are provided on-screen AFTER you submit your application and are specific to your application.
- After you submit your supporting documents to FNS, you can return to <https://www.fns.usda.gov/snap> to check the status of your online application.

TIP: You can save your application and return to finish it up to 30 days after you start. FNS deletes all saved applications that are not completed within 30 days.

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

Start Application



Home

Get Started

Select Application Type

Print Page

Before You Begin

Acknowledgement Agreement

Acknowledgement Agreement

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

[Details](#)

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

[Details](#)

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

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

[PRIVACY ACT AND PAPERWORK REDUCTION NOTICE](#)

Accept Decline

Name of the person completing the application:

First Name:

Middle Name:

Last Name:

Title:

Next

- Home
- Select Application Type
- Before You Begin
- Acknowledgement Agreement**

Get Started

Print Page

Acknowledgement Agreement

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- Details**
- 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)(ii); 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:

- Details**
- 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 \$500 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. 1796), 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.

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

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

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Accept Decline

Name of the person completing the application:

First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title:

Next



Home

Select Application Type

Before You Begin

Acknowledgement Agreement

Basic Information

Accountability Information

Sales Information

Inventory Information

Supplemental Information

Review and Submit

Information

Print Page

Basic Information

In this section, provide market information. Use the "Help" feature (the button in the upper right hand corner of the screen) if you have any questions.

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

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

If different from your official market name, what name is your market doing business as? What is this?

Market Number: What is this?

Supporting Organization: What is this?

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

Street Number:

Street Name:

Additional Address Line:

City:

State:

Zip Code:

 -

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

Yes No

Market Telephone Number: What is this?

 - -

Alternate Telephone Number: What is this?

 - -

Email Address: What is this?

Confirm Email Address:

Save and Continue Later

← Back

Next →



Home

Select Application Type

Before You Begin

Acknowledgement Agreement

Basic Information

Accountability Information

Sales Information

Inventory Information

Supplemental Information

Review and Submit

Information

Print Page

Basic Information

In this section, provide market information. Use the "Help" feature (the button in the upper right hand corner of the screen) if you have any questions.

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

01011980

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

OSA Test Farmers' Market

If different from your official market name, what name is your market doing business as? What is this?

Alternative Market Name

Market Number: What is this?

123

Supporting Organization: What is this?

NAFMNP

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

Street Number:

1

Street Name:

Maple Street

Additional Address Line:

City:

Reston

State:

VA

Zip Code:

22201

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

Yes No

Street Number:

2

Street Name:

Maple Street

Additional Address Line:

City:

Reston

State:

VA

Zip Code:

22201

Country

United States of America

Market Telephone Number: What is this?

123 - 456 - 7890

Alternate Telephone Number: What is this?

987 - 654 - 3210

Email Address: What is this?

test@test.com

Confirm Email Address:

test@test.com

Save and Continue Later

← Back

Next →



Home

Select Application Type

Before You Begin

Acknowledgement Agreement

Basic Information

Accountability Information

Sales Information

Inventory Information

Supplemental Information

Review and Submit

Store Information

Print Page

Accountability Information

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

Is your firm legally organized as a nonprofit entity?

Yes No

Answer the following questions for all Responsible Officials, officers, owners, partners, members, and/or managers.

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

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 →

- Home
- Select Application Type
- Before You Begin
- Acknowledgment Agreement
- Basic Information
- Accountability Information
- Save Information
- Inventory Information
- Supplemental Information
- Review and Submit

Basic Information

Accountability Information

Accountability Information

In this section, provide information that is necessary to maintain program integrity, such as information regarding the Responsible Official(s) and on the inventory type for the market.
Is your firm legally organized as a nonprofit entity?

Yes No

Does your firm have 501(c)(3) non-profit tax-exempt status?

Yes No

Enter the market's Employer Identification Number (EIN) here. What is this?

12 4567890

Corporation Name:

Corp XYZ

Street Number:

1

Street Name/or Post Office Box:

Farmed Lane

Additional Address Line:

City:

Reston

State:

VA

Zip Code:

22201

Country

United States of America

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

Person 1

First Name:

Jake

Middle Name:

MI

Last Name:

Wright

Street Number:

1

Street Name:

Sequoia Rd

Additional Address Line:

City:

Reston

State:

VA

Zip Code:

22201

Country

United States of America

Social Security Number:

123 45 7890

Date of Birth:

01/01/1980

Title:

Board Member

Email Address:

test@test.com

To add another Responsible Official, officer, owner, partner, member, director, board member or spouse, click the "Add Person" button.

Add Person

Answer the following questions for all Responsible Officials, officers, owners, partners, members, and/or managers.

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

If Yes, provide an explanation:

Test

496/500 characters remaining

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

If Yes, provide an explanation:

Test

496/500 characters remaining

Is any Responsible Official, officer, owner, partner, and/or member currently receiving assistance through the Supplemental Nutrition Assistance Program?

Yes No

If Yes, has the Responsible Official, officer, owner, partner, and/or member reported this market ownership to their SNAP caseworker?

Yes No

If No, provide an explanation:

Test

496/500 characters remaining

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

If Yes, provide an explanation:

Test

496/500 characters remaining

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

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

10

Was any Responsible Official, officer, partner and/or member convicted of any crime after June 1, 1997?

Yes No

If Yes, provide an explanation:

Test

496/500 characters remaining

Save (and Continue) Later

Back

Next

- Home
Select Application Type
Before You Begin
Acknowledgement Agreement
Basic Information
Accountability Information
Sales Information
Inventory Information
Supplemental Information
Review and Submit

Store Information
Print Page
Accountability Information

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

Is your firm legally organized as a nonprofit entity?
Yes No
What is the market's ownership type? Pick the option that best describes your market.
Government Owned

Enter the name and address of the responsible Government Agency:
Corporation Name: Corp XYZ
Street Number: 1 Street Name(or Post Office Box): Forrest Lane
Additional Address Line:
City: Reston State: VA Zip Code: 22201
Country: United States of America

Contact person information
First Name: Katherine Middle Name: Last Name: Smith
Telephone Number: 123 456 7890 Email Address: test@test.com

Answer the following questions for all Responsible Officials, officers, owners, partners, members, and/or managers.

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
If Yes, provide an explanation:
496/500 characters remaining

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
If Yes, provide an explanation:
496/500 characters remaining

Is any Responsible Official, officer, owner, partner, and/or member currently receiving assistance through the Supplemental Nutrition Assistance Program?
Yes No
If Yes, has the Responsible Official, officer, owner, partner, and/or member reported this market ownership to their SNAP caseworker?
Yes No
If No, provide an explanation:
496/500 characters remaining

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
If Yes, provide an explanation:
496/500 characters remaining

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
If Yes, how many currently authorized stores do you own?
10

Was any Responsible Official, officer, partner and/or member convicted of any crime after June 1, 1999?
Yes No
If Yes, provide an explanation:
496/500 characters remaining

Save and Continue Later
Back Next



Home

Select Application Type

Before You Begin

Acknowledgement Agreement

Basic Information

Accountability Information

Sales Information

Inventory Information

Supplemental Information

Review and Submit

Store Information

Print Page

Sales Information

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

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

Yes No

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

Yes No

Do you have or are you applying for a restaurant license for your market?

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 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

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	Sales
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

← Back

Next →

Home

- Select Application Type
- Before You Begin
- Acknowledgement Agreement
- Basic Information
- Accountability Information
- Sales Information**
- Inventory Information
- Supplemental Information
- Review and Submit

Store Information

Print Page

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Retail sales are: Estimated Actual

Tax year:

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	Sales
Gasoline	\$ 10,000 .00
Lottery	\$ 12,000 .00
Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.)	\$ 13,000 .00
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Save and Continue Later

← Back

Next →



- Home
- Select Application Type
- Before You Begin
- Acknowledgement Agreement
- Basic Information
- Accountability Information
- Sales Information
- Inventory Information**
- Supplemental Information
- Review and Submit

Store Information

Print Page

Inventory Information

In this section, you will specify the types of inventory that you carry at this location. Please answer the questions regarding staple food varieties and the depth of stock that you have currently and on a continuous basis in your market.

Answer the following questions regarding staple food varieties that you have currently and on a continuous basis in your market. Select the number of varieties for each staple food category if less than 10. Select "10+" if the number of varieties for each staple food category is equal to or greater than 10.

- Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.).
- Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.).
- Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.).
- Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.).

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 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 each 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 each variety in the Meat, Poultry, 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 each 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 continuous basis in your market.

- 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 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 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 No

Save and Continue Later

Back

Next



Home

Store Information

Select Application Type

Before You Begin

Acknowledgement Agreement

Basic Information

Accountability Information

Sales Information

Inventory Information

Supplemental Information

Review and Submit

Print Page

Supplemental Information

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

Is the 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 Name:

Additional Address Line:

City:

State:

Zip Code:

Country

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:

Do you know the address for your Electronic Benefits Transfer (EBT) equipment provider?

Yes No

If you have a market website, provide the website address.

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:

775/775 characters remaining

Save and Continue Later

← Back

Next →

- Home
- Select Application Type
- Before You Begin
- Acknowledgement Agreement
- Basic Information
- Accountability Information
- Sales Information
- Inventory Information
- Supplemental Information**
- Review and Submit

Store Information

Print Page

Supplemental Information

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

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

Yes No

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

Yes No

Indicate the market's hours and days of operation (See Example below):

Monday	7:30	<input checked="" type="radio"/> AM <input type="radio"/> PM	9:30	<input checked="" type="radio"/> AM <input type="radio"/> PM
--------	------	---	------	---

Monday	<input type="text" value="05:00"/>	<input checked="" type="radio"/> AM <input type="radio"/> PM	<input type="text" value="09:00"/>	<input type="radio"/> AM <input checked="" type="radio"/> PM
Tuesday	<input type="text" value="09:00"/>	<input checked="" type="radio"/> AM <input type="radio"/> PM	<input type="text" value="09:00"/>	<input type="radio"/> AM <input checked="" type="radio"/> PM
Wednesday	<input type="text" value="09:00"/>	<input checked="" type="radio"/> AM <input type="radio"/> PM	<input type="text" value="09:00"/>	<input checked="" type="radio"/> AM <input type="radio"/> PM
Thursday	<input type="text" value="09:00"/>	<input checked="" type="radio"/> AM <input type="radio"/> PM	<input type="text" value="09:00"/>	<input type="radio"/> AM <input checked="" type="radio"/> PM
Friday	<input type="text" value="HH:MM"/>	<input type="radio"/> AM <input checked="" type="radio"/> PM	<input type="text" value="HH:MM"/>	<input type="radio"/> AM <input type="radio"/> PM
Saturday	<input type="text" value="HH:MM"/>	<input type="radio"/> AM <input checked="" type="radio"/> PM	<input type="text" value="HH:MM"/>	<input type="radio"/> AM <input type="radio"/> PM
Sunday	<input type="text" value="HH:MM"/>	<input type="radio"/> AM <input checked="" type="radio"/> PM	<input type="text" value="HH:MM"/>	<input type="radio"/> AM <input type="radio"/> PM

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 Name:**

Additional Address Line:

City: **State:** **Zip Code:** -

Country:

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:** - -

Do you know the address for your Electronic Benefits Transfer (EBT) equipment provider?

Yes No

Street Number: **Street Name:**

Additional Address Line:

City: **State:** **Zip Code:** -

Country:

If you have a market website, provide the website address.

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:

771/775 characters remaining



Home

Select Application Type

Before You Begin

Acknowledgement Agreement

Basic Information

Accountability Information

Sales Information

Inventory Information

Supplemental Information

Review and Submit

Finalize Application

Print Page

Review and Submit

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

WARNING: You **cannot** make changes or corrections to your application once you click **Submit Application** below.

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

[View / Print Application \(PDF\)](#)

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

- 3. Submit Your Application:** Once you're ready to submit your application, use the **Submit Application** button below. You will be allowed to submit the application *only* after you accept the penalty warning statement.

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

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

Accept **Reject** [Submit Application](#)

[← Back](#)

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. 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 [https:// www.fns.usda.gov/snap](https://www.fns.usda.gov/snap). 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 part-time); and that all employees will follow Supplemental Nutrition Assistance Program regulations. If I do not receive these materials I must contact the Food and Nutrition Service to request them;
- I am aware that violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Supplemental Nutrition Assistance Program; I am aware that violations of the Supplemental Nutrition Assistance Program rules can also result in Federal, State and/or local criminal prosecution and sanctions;
- I accept responsibility on behalf of the firm for violations of the Supplemental Nutrition Assistance Program regulations, including those committed by any of the firm's employees, paid or unpaid, new, full-time or part-time. These include violations such as, but not limited to:
 - Trading cash for Supplemental Nutrition Assistance Program benefits (i.e. trafficking);
 - Accepting Supplemental Nutrition Assistance Program benefits as payment for ineligible items;
 - Accepting Supplemental Nutrition Assistance Program benefits as payment on credit accounts or loans;
 - Knowingly accepting Supplemental Nutrition Assistance Program benefits from people not authorized to use them;
- Disqualification from the WIC Program may result in Supplemental Nutrition Assistance Program disqualification and a disqualification from the Supplemental Nutrition Assistance Program may result in WIC Program disqualification;
- In accordance with Federal law and U.S. Department of Agriculture policy, no customer may be discriminated against on the grounds of race, color, national origin, sex, age, religion, political beliefs, or disability. Supplemental Nutrition Assistance Program customers must be treated in the same manner as non-Supplemental Nutrition Assistance Program customers;
- Participation can be denied or withdrawn if my firm violates any laws or regulations issued by Federal, State or local agencies, including civil rights laws and their implementing regulations;
- I am responsible for reporting changes in the firm's ownership, address, type of business and operation to the Food and Nutrition Service.

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

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

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

X _____
Signature

X _____
Print Name

Date Signed

Print Title

Fri May 19 18:25:18 EDT 2017

May 19, 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 one 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 <https://www.fns.usda.gov/snap>. You may also check our web site to obtain training materials to ensure that you and everyone working at the market understand the rules and regulations of SNAP. If you have any questions regarding your application, please contact:

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PO BOX 7228 (USPS Only)
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Phone: **(877) 823 - 4369**

Sincerely,

USDA, Food and Nutrition Service
Supplemental Nutrition Assistance Program

Electronic Application

Keep For Your Records

FNS Number: **0553978**

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

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

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

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

X _____
Signature

X _____
Print Name

Date Signed

Print Title

Fri May 19 18:25:18 EDT 2017

Form FNS-252 US Department of Agriculture Food and Nutrition Service	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM APPLICATION FOR STORES	OMB APPROVED No. 0584-0008 Expiration Date: XX/XX/20XX
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1 When did or when will the store open for business under your ownership (MM/DD/YYYY):
 01 / 01 / 2000

2 Store Name:
 Osa Test Farmers' Market

3 Doing Business As (if different from store name):
 Alt. Fm Name

4 Chain Store Number (if applicable):
 123

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

Street Number: 1	Street Name: Maple St	Additional Address (Bldg #, Unit #, Stall #, etc.):	
City: Reston	State: VA	Zip Code: 22201	

6 Store Mailing Address:
 (Skip if your mailing address is the same as your store location. If you have a PO Box address, enter it in the street name field):

Street Number:	Street Name:	Additional Address (Bldg #, Unit #, Stall #, etc.):	
City:	State:	Zip Code:	If foreign address, add Country:

7 Store Telephone Number:
 (123) 456 - 7890

8 Alternate Telephone Number:
 () -

9 Owner or Store Email Address: JDoe@test.com

10 Is your business a delivery route, food buying cooperative, farmers' market, farm stand/stall/u-pick, military commissary/exchange or specialty food store that primarily sells one food type such as meat/poultry, seafood, bread, or fruits/vegetables? Yes No

Meat/Poultry Market
 Bakery
 Military Commissary/Exchange
 Farmers' Market
 Food Buying Cooperative
 Seafood Market
 Produce Market
 Delivery Route
 Direct Marketing Farmer (Farm Stand/Stall/U-Pick)

Do not use this Form FNS-252 if you are applying as a restaurant. Restaurants must use Form FNS-252-2, Application for Meal Services.

11 Type of Ownership (check only one box):

Privately Held Corporation
 Sole Proprietorship
 Limited Liability Company
 Nonprofit Organization
 Publicly Owned Corporation
 Partnership
 Government Owned

11a Is your firm legally organized as a nonprofit entity? Yes No

11b If yes, does your firm have 501(c)(3) nonprofit tax-exempt status? Yes No

12 Corporation or Government Agency Information: If privately held corporation, nonprofit organization, or limited liability company, enter the name and address of your corporation as on record with the State. If government owned, enter the name and address of the responsible government agency. If publicly owned corporation, enter the name and address of the parent corporate office. **All others skip to the next question.**

12a Corporation Name:

12b Corporation Address:

Street Number:	Street Name:	Additional Address (Bldg #, Unit #, Stall #, etc.):	
City:	State:	Zip Code:	If foreign address, add Country:

12c If publicly owned or government owned, enter a contact person:

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.

14a Print name exactly as it appears on the social security card:

First Name: Jane	Middle Name: D	Last Name: Doe
Street Number: 2	Street Name: Forrest Street	Additional Address (Bldg #, Unit #, Stall #, etc.):
City: Reston	State: VA	Zip Code: 22201
Social Security Number: *** - ** - ****	Date of Birth: (MM/DD/YYYY) 01 / 01 / 1980	Business Title (i.e. owner, partner, spouse, etc.): Owner
		Email Address: JDoe@test.com

14b Print name exactly as it appears on the social security card:

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

14c Print name exactly as it appears on the social security card:

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

14d Print name exactly as it appears on the social security card:

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

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

15a 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

15b If Yes, provide an explanation:

15c 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

15d If Yes, provide an explanation:

15e Is any officer, owner, partner, and/or member currently receiving assistance through the Supplemental Nutrition Assistance Program? Yes No

15f If Yes, has the officer, owner, partner, and/or member reported this store ownership to their SNAP caseworker? Yes No

15g If No, provide an explanation:

15h 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

15i If Yes, provide an explanation:

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? Yes No

16a If Yes, provide an explanation

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? 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.

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: 3 OR 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: _____ OR 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: 7 OR 10+

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 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.)? 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.)? 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.)? 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.)? 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.)? 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.)? 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 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.

Estimated Sales -or- Actual Sales Entered sales figures correspond to tax year 20 15

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

- 23 How many cash registers are at this store? 0
- 24 Are optical scanners used at this store? Yes No
- 25 Is this store open year round? Yes No

25a If No, check which month(s) you are open:

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

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

26a If No, indicate operating hours:

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

- 27 Provide the name and address of the financial institution (bank) that you will be using for SNAP payment deposits:

Financial Institution Name: Bank Name

Financial Institution Mailing Address:

Street Number: <u>2</u>	Street Name: <u>Wall st</u>	Additional Address (Bldg #, Unit #, Stall #, etc.):
----------------------------	--------------------------------	---

City: <u>Arlington</u>	State: <u>VA</u>	Zip Code: <u>22201</u>	If foreign address, add Country:
---------------------------	---------------------	---------------------------	----------------------------------

- 28 If known, provide the name, phone number, and mailing address of the Electronic Benefits Transfer (EBT) equipment provider for your store:

Equipment Provider Name: EBT Name

Equipment Provider Phone Number: (123) 456 - 7890

Equipment Provider Mailing Address:

Street Number: <u>5000</u>	Street Name: <u>crazy st</u>	Additional Address (Bldg #, Unit #, Stall #, etc.):
-------------------------------	---------------------------------	---

City: <u>crazy city</u>	State: <u>VA</u>	Zip Code: <u>20120</u>	If foreign address, add Country:
----------------------------	---------------------	---------------------------	----------------------------------

- 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), Employer 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 part-time); and that all employees will follow Supplemental Nutrition Assistance Program regulations. If I do not receive these materials I must contact the Food and Nutrition Service to request them;
- I am aware that violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Supplemental Nutrition Assistance Program; I am aware that violations of the Supplemental Nutrition Assistance Program rules can also result in Federal, State and/or local criminal prosecution and sanctions;
- I accept responsibility on behalf of the firm for violations of the Supplemental Nutrition Assistance Program regulations, including those committed by any of the firm's employees, paid or unpaid, new, full-time or part-time. These include violations such as, but not limited to:
 - Trading cash for Supplemental Nutrition Assistance Program benefits (i.e. trafficking);
 - Accepting Supplemental Nutrition Assistance Program benefits as payment for ineligible items;
 - Accepting Supplemental Nutrition Assistance Program benefits as payment on credit accounts or loans;
 - Knowingly accepting Supplemental Nutrition Assistance Program benefits from people not authorized to use them;
- Disqualification from the WIC Program may result in Supplemental Nutrition Assistance Program disqualification and a disqualification from the Supplemental Nutrition Assistance Program may result in WIC Program disqualification;
- In accordance with Federal law and U.S. Department of Agriculture policy, no customer may be discriminated against on the grounds of race, color, national origin, sex, age, religion, political beliefs, or disability. Supplemental Nutrition Assistance Program customers must be treated in the same manner as non-Supplemental Nutrition Assistance Program customers;
- Participation can be denied or withdrawn if my firm violates any laws or regulations issued by Federal, State or local agencies, including civil rights laws and their implementing regulations;
- I am responsible for reporting changes in the firm's ownership, address, type of business and operation to the Food and Nutrition Service.

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

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

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

X _____
Signature

X a b c _____
Print Name

04/04/2017 _____
Date Signed

Spouse _____
Print Title