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A Home

Get Started

Select an application type to get started



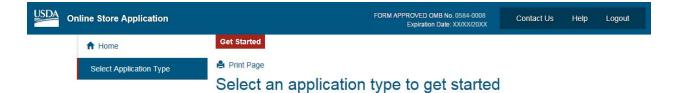
Any firm (except for a Farmers' Market) should complete this application.



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



Store Application

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Privacy Act And Paperwork Reduction Notice

USDA FORM APPROVED OMB No. 0584-0008 **Online Store Application** Contact Us Help Logout Expiration Date: XX/XX/20XX Get Started A Home 🖨 Print Page Select Application Type **Before You Begin** Before You Begin Carefully review the following steps to complete the application process: Acknowledgement Agreement 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 vou. Step #1: 1. Gather the following information and documents before you start. a. Date the market opened under the current ownership b. Market's official name (the name you use on legal documents, such as leases, contracts, incorporation documents, etc.), mailing address, and address where the market is conducted (if different from the mailing address). c. Name, home address, social security number, and date of birth for a 'responsible official.' (You may have more than one Responsible Official). 10 TIP: The 'Responsible Official' is the person who accepts responsibility, on behalf of the market, for ensuring the market will adhere to applicable laws and FNS regulations, policies, and other guidance; and who will be held accountable in the event the market does not do so. Responsible officials may be an owner, board member, market manager, or person operating in a similar position of authority. d. Actual sales data from your store's 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. e. The market's operating schedule (i.e., months of the year it is open, days of the week it is open, and hours of day it is open). f. Business licenses held by the market, if any, 2. Answer the online application questions. Click the "Start Application" button below to begin a. Use the "Help" link in the upper right-hand corner of the page to get help on any page in the application b. Use the links on the left-hand side of each page to return to any section you already worked on. 3. Review your application for accuracy. Correct any mistakes before you submit your application. 4. View and print your application. Print an official copy of your application to keep for your records. 5. Submit your application online, following the instructions provided. Step #2: 1. 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. 2. 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.

Start Application

USDA	Online Store Application	FORM APPROVED OMB No. 0584-0008 Expiration Date: XX/XX/20XX Contac	Us Help	Logout							
	ft Home	Get Started									
	Select Application Type	A 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.									
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		USE AND DISCLOSURE - Routine Uses: We may use the information you give us in the followine Details	ig ways;								
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		PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw to accept Supplemental Nutrition Assistance Program benefits if you provide false informa- hide information we ask you to give us. In addition, if false information is provided or infor hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$10, 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 Priva and Disclosure, Penalty Warning and Certification Statements, and agree to comply with a and regulatory requirements associated with participation in the Supplemental Nutrition A Program.	tion or try to mation is 000 fine or cy Act, Use I statutory								
		PRIVACY ACT AND PAPERWORK REDUCTION NOTICE									
		 Accept Decline Name of the person completing the application: 									
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		Title:									
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Next

SDA Online Store Application

A Home

Select Application Type Before You Begin

Acknowledgement Agreement

Get Started

A Print Page

PRIVACY ACT STATEMENT - Authority: Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2016); section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)); and section 6109(1) internal Revenue Code of 1966 (26 U.S.C. 6109(1)), authorizes collection of the information on this applicati of the

PROVED OMB No. 0584-0008 Expiration Date: XX/XX/20XX Contact Us Help Logout

- Details
 Information is collected primarily for use by the Food and Nutrition Service in the admine 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 to cal agencies and meestigative authorities when the Supplemental Nutrition Assistance Program becomes aware or 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. tes 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 he 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 Foderal applicant social security numbers and employer identification numbers and employer identification in the Social Security Action and employer identification numbers and maintain these numbers in their files, and only when the Secretary of Agriculture determine that disclosure would assist in verifying and marking action information against information maintained b such other agency (42 U.S.C. 405(c)(2)(C)(0); 26 U.S.C. 6109(f)); mation maintained by
- 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;

Orac note 20 betails • We may disclose information to the Department of Justice (DCJ), a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in itigation 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;

comparisone with me purpose for write the information was a solution of the Food and Nutrition Act or any other Footeni or State law whether civil or criminal or regulatory in nature, and whether arising by general statule. or by regulation, nucle, or other issued pursuant therefore, we may discose the information you give us to the appropriate agency, whether Federal or State, changed with the responsibility of investigating or protecturing such violation or changed with enforcing or implementing the statute, or nule, regulation or order issued pursuant theretor.

order issued pursuant mereto. • We may use your information, including SSNs and ElNs, to collect and report on delinquerit debt and may disclose the information to other Federal and State approcise, as well as private collection approcise of purpores of classics collection actions including, but not influent to the Timasury Department for administrative or tax offset and referral to the Department of Justice for illigation. (Note: SSNs and ElNs will only be disclosed to Federal algencies authintuced to possess such information); We may disclose information to other Federal and State Issue, Note: SSNs and ElNs will only be disclosed to Paper and and State Issue, Note: SSNs and ElNs will only be disclosed to Paderal 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 contractua agreements with us for designing, developing, and operating our systems, and for verification computer matching purposes;

We may disclose information to the internal Revenue Service, for the purpose of reporting delinquent retailer and wholesaler monetary penaties of 5000 or more for violations committed under the SNAP. We will report each entingunet deto the internal Revenue Service and Form 1095 c. Classicatiano of Detb). We will report these detbs to the Internal Revenue Service under the authority of the Income Tax Regulations (26 CFP Paris t. and 602) under section 6000 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

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. 1631a(f)) or the Debt Collection Act 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 violators of the Program after the time for administrative and judicial appeals has expred. This information is limited to the rame and address of the society. The expression and information about the sanction test. The propose of such disclosure is to assist in the administration and entrocement of the Food and Kuthir The purpose of such disclosure is be assist in the administration and entrocement of the Food and Kuthir The purpose of such disclosure is to assist in the administration and entrocement of the Food and Kuthir The purpose of such disclosure is to assist in the administration and entrocement of the Food and Kuthir The purpose of such disclosure is to assist in the administration and entrocement of the Food and Kuthir The purpose of such disclosure is to assist in the administration and entrocement of the food and Kuthir The purpose of such disclosure is to assist in the administration and entrocement of the food and Kuthir The purpose of such disclosure is to assist in the administration and entrocement of the food and Kuthir The purpose of such disclosure is to assist in the administration and entrocement of the food and Kuthir The purpose of such disclosure is to assist in the administration and entrocement of the food and Kuthir The purpose of such disclosure is to assist in the administration addition of the provide the provide the purpose of such disclosure is to assist in the administration addition.

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval Locket Number of the states of

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

▼ PRIVACY ACT AND PAPERWOOR REDUCTION NOTCE
Police reporting builden for this colection 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 colection of information. An agener 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 mumber. Send comments regarding this builden estimate or any order aspect of the colection of information, including suggestions for reducing this builden. You US Department of Agriculture. Food and Nutrition Service. Office of Policy System, Room 1014, 3101 Pank Center Drive, Alexandria, VA 22302, ATTN: PRA (0564-0008). 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.

Accept O Decline

First Name:		Middle Name:	Last Name:	
John			Adams	
Title:	~			

USDA Online Store Application	FORM APPROVED OMB No. 0584-0008 Expiration Date: 01/31/2021	ntact Us	Help	Logout
A Home	Information			
Select Application Type	A Print Page			
Before You Begin	Basic Information			
A STATE OF A	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.			
Acknowledgement Agreement	When did or when will the market open for business under the current ownership?			
Basic Information	mmddyyyyy			
Accountability Information				
Sales Information	Market name			
Inventory Information		1		
Supplemental Information	If different from your Market name, what is the Legal Business Name for your market ? What is this?			
Review and Submit		1		
	Market Number; What is this?			
	What is the address where the market is conducted? (i.e., where the market takes place) Street Number: Street Name:	-		
		1		
	Additional Address Line:			
		3		
	City: State: Zip Code:	-		
	Select-One •	1		
	Is the market's mailing address the same as the address where the market is conducted? Ves No Street Number: Street Name:			
	Additional Address Line:			
	L	k.		
	City: State: Zip Code:	1		
	Select-One •	1		
	Country			
	United States of America			
	Market Telephone Number: What is this? Alternate Telephone Number: What is this?			
	Email Address: What is this? Confirm Email Address:			
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Online Store Application	FORM APPROVED OWS No. 0554-0008 Clinitiant Un Help Lago Explained Date: XXXXXXXXXXX
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Select Application Type Balane You Degin	Accountability Information
Admosfedgement Agreement	In the welfors, provide information that is receivery to mandain program integrity, such as information regarding the Responsible Officials), and on the constanting tage for the mature.
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Same Information	Does your firm have \$915(c)(3) non-profit tax-exempt
Inventory Information Supplemental Information	a Yas 🗇 fas
Review and Baland	Enser the market's Employer Identification Number (ENI) here: Vitar in the?
	Corporation Norre:
	Street Namber: Street Namo(or Post Office Box):
	Additional Address Line:
	City Base Zip Code
	Country
	Shrina Statisa di America +
	Enter personal information for each Responsible Official, director or board member of record. Enter the name exactly as it appears on social security oard.
	Person 1 Fort Nume: Last Nume: Last Nume:
	Diter/ Namberi Biteri Name
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	City: Skew Zap Color Solet-One •
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	Social Security Number: Date of Birth:
	Tite: Enel Address
	To del another Heapendee Official, officer, server, partner, mention, director, or Saled member, clickite "Add Please" (subm
	Answer the following questions for all Responsible Officials, officers, owners, partners, members, and/or managers.
	Hen any Responsible Official, efficar, sense, partner, member and/or manager ever been deried, withdrawn, disqualifier, suspendia, or been fined for Supplemental Notifico Assistance Program (SNAP), MC, businese, airchol, subacc, string, and/or half-site/string).
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	If Yes, provide an exploration
	S80500 manatery remaining
	Hes any Responsible Official, officer, owner, partner, member sentier manager currently or ever been suspended or debarred from conducting business with or participating in any program administered by the Federal Government?
	debarred from conducting business with or participating in any program administened by the Federal Government?
	If Yes, promise an application
	500/500 disructors remaining
	Is any Responsible Official, officer, owner, partner, and/or member currently recoiving assistance through the Bugphemental Natrifion Assistance Program?
	# Yes = 2.36 HYes, has the Responsible Official, officar, owner, partner, and/or member reported this market ownership to their BMP casesucker?
	iii Yaa * 160 Iii No, provele an explanation
	500900 diseades inmaining
	Has any Responsible Official, officer, owner, partner, andior member ever been disqualified from receiving assistance through the Supplemental Natrifice Assistance Program for an intentional program violation (IPV) or fraud?
	w Yas in No
	If Yes, provide an exploration:
	500/000 dispressions revealing
	Does any Responsible Official, officer, owner, partner and/or member currently own any other SNAP authorized stores (such as Store, Fermers' Market, etc.)?
	* Var. © No.
	If Yes, how many camently authorized starse do you own?
	Was any Responsible Official, officer, partner and/or member convicted of any crime after Jane 1, 1997
	# Yee () No
	If Yes, provide an explanation:
	100/50) dramaters renaming
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<form><pre>Note that the product of the responsible Government Agency: </pre> Image: Control Im</form>	Acknowledgement Agreement	In this section, provide information that is necessary to maintain program integrity, such as information regarding the Responsible Official(s) and on the ownership type for the market.
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<form></form>	Accountability Information	© Yes ★ No
<form></form>	Sales Information	
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Pite, provide as regulatority: In the proposition do Child, officer, owner, partier, member and/or member and/o		* Yes () No
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BAP casework? In the set to: The provide an exploration: Interpretation: Interp		* Yes 💿 No
I va # k0 Via # k0 Max provide an exploration Max provide an exploration And any Responsibility Official, officer, owner, partner, and/or member over beau justicerion of pergram withoring of pergram withor		If Yes, has the Responsible Official, officer, owner, partner, and/or member reported this market ownership to their
File, provide an explanation:		SNAP caseworker?
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Horough the Supplemental Multition Assistance Program for an intentional program violation (IPV) or fauad? * Ym © 10 * Ym © 10 Does any Responsible Official, officer, counce, partner and/or member currently own any other BMAP authorized stores (soch as 80ms, Framer' Marks, etc.)? * Ym © 10 * Ym, how many currently authorized stores do you own? * Ym © 10 * Ym © 10 * Ym © 10 * Ym © 10 * Ym © 10 * Ym © 10 * Ym © 10 * Ym © 10 * Ym © 10 * Ym © 10 * Ym © 1		
through the Supplemental Mutrition Assistance Program for an intentional program violation (IPV) or faued? * Yes > 10 Type, periodic an explanation Does any Responsible Official, officer, conner, partner and/or member currently own any other BMAP authorized stores (soch as 50xx, Formers' Markat, etc.)? * Yes > Yes > Yes > Yes		500/500 characters remaining
 W W ⊕ 10. W W ⊕ 10. Does any Responsible Official, officer, counter, partner and/or member currently own any other BMAP authorized atoms (actions a many currently authorized stores do you can?) W W ⊕ 10. Was any Responsible Official, officer, partner and/or member convicted of any orime after June 1, 1999? Y We ⊕ 10. W W ⊕ 10. W W ⊕ 10. W W ⊕ 10. W W ⊕ 10. Store of the store of the s		
If Yek, provide an explanation: 		Has any Responsible Official, officer, owner, partner, and/or member ever been disqualified from receiving assistance
S00500 decenters remaining Breas any Responsibility Official, officer, querteer and/or member currently own any other BIAP authorized stores (see the SDR, Parmer' Market, etc.)? ** Yes @ 10 ** Tes, here many currently authorized stores and/or member convicted of any crime after June 1, 1999? ** Yes @ 10 ** Yes @ 11 ** Yes @ 12 ** Yes @ 12 ** Yes @ 12		Has any Responsible Official, officer, owner, partner, and/or member ever been disqualified from receiving assistance through the Sopplemental Nutrition Assistance Program for an intentional program violation (IPV) or fraud?
Dess any Responsible Official, officer, owner, partner and/or member currently own any other BNAP authorized stores (sec.)? ** Yes @ No ** The @ No ** The @ No ** Yes @ No ** Yes @ No ** The @ No ** Yes @ No		Has any Responsible Official officer, owner, partner, and/or number over have disqualified from receiving assistance through the Bopplemental Nutrition Assistance Program for an intentional program violation (PP) or fraul? # Yns © No
Dess any Responsible Official, officer, owner, partner and/or member currently own any other BNAP authorized stores (sec.)? ** Yes @ No ** The @ No ** The @ No ** Yes @ No ** Yes @ No ** The @ No ** Yes @ No		Has any Responsible Official officer, owner, partner, and/or number over have disqualified from receiving assistance through the Bopplemental Nutrition Assistance Program for an intentional program violation (PP) or fraul? # Yns © No
Dees any Responsible Official, officer, owner, partner and/or member currently own any other BNAP authorized stores (ec.)? ** Yes := ?co ** Yes := ?co ** The := ?co ** Yes := ?co ** ?co <td></td> <td>Has any Responsible Official officer, owner, partner, and/or number over have disqualified from receiving assistance through the Bopplemental Nutrition Assistance Program for an intentional program violation (PP) or fraul? # Yns © No</td>		Has any Responsible Official officer, owner, partner, and/or number over have disqualified from receiving assistance through the Bopplemental Nutrition Assistance Program for an intentional program violation (PP) or fraul? # Yns © No
Dees any Responsible Official, officer, owner, partner and/or member currently own any other BNAP authorized stores (ec.)? ** Yes := ?co ** Yes := ?co ** The := ?co ** Yes := ?co ** ?co <td></td> <td>Has any Responsible Official officer, owner, partner, and/or number over have disqualified from receiving assistance through the Bopplemental Nutrition Assistance Program for an intentional program violation (PP) or fraul? # Yns © No</td>		Has any Responsible Official officer, owner, partner, and/or number over have disqualified from receiving assistance through the Bopplemental Nutrition Assistance Program for an intentional program violation (PP) or fraul? # Yns © No
(etch as 500, Farmar's Manket, etc.)? * Via © NO * Via () NO * V		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 (PP) or finant? * The O No If Yes, provide an explanation:
(etch as 500, Farmar's Manket, etc.)? * Via © NO * Via () NO * V		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 (PP) or finant? * The O No If Yes, provide an explanation:
If Yes, how many currently authorized stores do you own? Was any Responsible Official, officer, partner and/or member convicted of any orime after June 1, 1999? * Yes @ No If Yes, provide an explanation: 500:500 characters membing Store and Continue Later		Has any Responsible Official, officer, owner, partner, and/or namber over been disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (PV) or fraud? * Via: 0 10 # Yia: 0 00 # Yia: 0 00 Brownie an explanation: 00
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Was any Responsible Official, officer, partner and/or member convicted of any crime after June 1, 1997 * Yes No If Yes, provide an explanation: 500500 characters membering		Has any Responsible Official, officer, owner, partner, and/or nember over been disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (PV) or fraud? * Ves © No # Yes © No @ Yes, provide an explanation:
		Hear any Responsible Official, officer, owner, partner, and/or member ever hean disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (PPI) or frau? * (Vs. © No # Ys. provide an explanation:
		Hear any Responsible Official, officer, owner, partner, and/or member ever hean disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (PPI) or frau? * (Vs. © No # Ys. provide an explanation:
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If Yes, provide an explanation: 500500 characters remaining Store and Confine Later		Has any Responsible Official, officer, owner, partner, and/or member ever have disqualified from receiving assistance through the Sopplemental Natrition Assistance Program for an intentional program violation (PR) or frau? * (%s © %) # Yes, provide an explanation:
500500 characters remaining Sarey and Continue Later		Hear any Responsible Official, officer, owner, partner, and/or member own hear disqualified from receiving assistance through the Sopplemental Nutrition Assistance Program for an intentional program violation (PR) or frau? * (%s © %) # Yes, provide an explanation:
Save and Continue Later		Kas any Responsible Official, officer, owner, partner, and/or member over been disqualified from receiving assistance through the Septemental Nutrition Assistance Program for an intentional program violation (PP) or faual? * Yes @ No * Yes, provide an explanation:
Save and Continue Later		Kas any Responsible Official, officer, owner, partner, and/or member over been disqualified from receiving assistance through the Septemental Nutrition Assistance Program for an intentional program violation (PP) or faual? * Yes @ No * Yes, provide an explanation:
Save and Continue Later		Kes any Responsible Official, officer, owner, partner, and/or member over been disqualified from recolving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (PPJ) or fraud? * Yes @ No * Yes, involvé an explanation:
Save and Continue Later		Kas any Responsible Official, officer, owner, partner, and/or member over been disqualified from receiving assistance through the Septemental Nutrition Assistance Program for an intentional program violation (PP) or faual? * Yes @ No * Yes, provide an explanation:
		Has any Responsible Official, officer, correr, partner, and/or member ever been disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (PV) or faust? * Vis © 10 * Test, provide an explanation:
		Near any Responsible Official, officer, comer, partner, and/or member ever been disqualified from receiving assistance through the Stepplemental Nutrition Assistance Program for an intentional program violation (PV) or fraud? * Vis © 10 * Tex, provide an explanation:
Back Next		Base any Responsible Official, officer, owner, partner, and/or member ever been disqualified from recolving assistance through the Bopplemental Nucltion Assistance Program for an intentional program violation (PV) or faual? * Via © 00 * The, provide an explanation:
		Base any Responsible Official, officer, owner, partner, and/or member ever been disqualified from receiving assistance through the Bopplemental Nurtition Assistance Program for an intentional program violation (PPV) or fauar? * Via © 00 * The, provide an explanation:
		Bits any Responsible Official, officiar, owner, partner, and/or number over base disqualified from receiving assistance frogram violation (PP) or faust? * No 0 * The, provide an explanation:

USDA Online Store Application			FORM APPROVED OMB No. 0584-0008 Expiration Date: 01/31/2021	Contact Us	Help	Logout
A Home	. 1	Store information				
		🚔 Print Page				
Select A	pplication Type	Sales Information				
Before Y	/ou Begin	In this section, you will provide details regarding the market's sales.				
Acknowle	ledgement Agreement	Does the market sell products, at wholesale, to other businesses, such as hospital	s or restaurants?			
Basic Inf	formation	• Yes O No				
Accounte	ability Information	Do the market's annual retail food sales constitute at least \$250,000 OR 50% of you are anything other than wholesale sales.	ur total gross sales? "Retail sales"			
Sales Inf	formation	● Yes ◯ No				
Inventory	y Information	Do you sell gasoline?				
Supplem	nental Information	● Yes ○ No				
Review	and Submit	Total Retail Sales				
		Select estimated or actual retail sales if your market has been open under your ownership 1 actual total retail sales from your most recent IRS tax return for this market. If your market less than one year, you must provide estimated sales.				
		Retail sales are:				
		O Estimated Actual				
		Enter the total retail sales from all products you sell at this market (both food and nonfood produ wholesale to other businesses, do not include those sales.	ucts and services). If you sell products			
		Total Retail Sales:				
		Round to nearest dollar. Do not enter a cents or dollar sign. Enter a positive number less that Example: 250,000	n 999,999,999,999.			
		\$.00				
		Tax year:				
		Select One V				
		Enter the total retail sales percentage for each sales category for products you sell at this marks comes from accessory foods, enter 25% where indicated). If you do not sell items in a category sell nonfood items, enter 0). If you do not have the actual total retail sales percentage(s) for one provide your best good faith estimate.	, enter "0" (e.g., if the market does not			
		Round to the nearest whole percentage, do not enter a percent sign. Enter a number betwee	n 0 and 100.			
		Sales Category	% Total			
		Staple Foods (Examples: rice, milk, beef, apples, etc.)	%			
		Accessory Foods (Examples: chips, candy, snack foods, soft drinks, condiments, etc.)	%			
		Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	%			
		Cold Foods Prepared on Site (Only include items intended for immediate consumption or carry out. Examples: sandwiches, fresh salads, salad bars, etc.)	56			
		Nonfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.)	%			
		Total Sales Percentage (total must equal 100%)	0%			
		Save and Continue Later				
		- Back	Next →			
	FOIA Accessibility	y Statement Privacy Policy Non-Discrimination Statement Information Quality	y USA.gov White House			

USDA	Online Store Application		FORM APPROVED OMB No. 0584-0008 Expiration Date: 01/31/2021	Contact Us	Help	Logout				
	A Home	Store Information								
	Select Application Type	A Print Page								
	Before You Begin	Sales Information In this section, you will provide details regarding the market's sales.								
	Acknowledgement Agreeme Basic Information	Does the market sell products, at wholesale, to other businesses, such as hospita	Is or restaurants?							
	Accountability Information		ustatel anon anlan? "Dateil antar"							
		Do the market's annual retail food sales constitute at least \$250,000 OR 50% of you are anything other than wholesale sales.	ur total gross sales r Retail sales							
	Sales Information	• Yes O No	● Yes ○ No							
	Inventory Information	Do you sell gasoline?								
	Supplemental Information	⊛ Yes ⊖ No								
	Review and Submit	Total Retail Sales								
		Select estimated or actual retail sales if your market has been open under your ownership actual total retail sales from your most recent IRS tax return for this market. If your market less than one year, you must provide estimated sales.								
		Retail sales are								
		Estimated	lucts and services). If you sell products							
		wholesale to other businesses, do not include those sales. Total Retail Sales:								
		Round to nearest dollar. Do not enter a cents or dollar sign. Enter a positive number less that	an 999.999.999.999							
		Example: 250,000								
		\$ 00								
		O Yearly O Weekly O Monthly O Daity								
		Enter the total retail sales percentage for each sales category for products you sell at this mark comes from accessory foods, enter 25% where indicated). If you do not sell items in a category sell nonfood frems, enter 0). If you do not have the actual total retail sales percentage(s) for on provide your best good faith estimate.	y, enter "0" (e.g., if the market does not							
		Round to the nearest whole percentage, do not enter a percent sign. Enter a number between	en 0 and 100.							
		Sales Category	% Total							
		Staple Foods (Examples rice, milk, beef, apples, etc.)	16							
		Accessory Foods (Examples chips, candy, snack foods, soft drinks, condiments, etc.)	5							
		Hot Foods (Examples: hot coffee, hot soup, hot pezza, etc.)	5							
		Cold Foods Prepared on Sile (Only include items intended for immediate eonsumption or carry out. Examples: sandwiches, fresh salads, salad bars, etc.)	961							
		Nonfood Items (Examples household supplies, lobacco products, gasoline, alcohol, pet foods, lottery, etc.)	5.							
		Total Sales Percentage (total must equal 100%)	0%							
		Save and Continue Later								
		+- Back	Next							
				1						

USDA	Online Store Application	FORM APPROVED OMB No. 0584-0008 Expiration Date: XX/XX/20XX	Contact Us	Help	Logout
	ft Home	Store Information			
	Select Application Type	🚔 Print Page			
	Before You Begin	Inventory Information			
	Acknowledgement Agreement	In this section, you will specify the types of inventory that you carry at this location. Plea regarding staple food varieties and the depth of stock that you have currently and on a c			
	Basic Information	market.			
	Accountability Information	Answer the following questions regarding staple food varieties that you hav continuous basis in your market. Select the number of varieties for each sta	ple food categ	ory if	
	Sales Information	less than 10. Select "10+" if the number of varieties for each staple food cate greater than 10.	egory is equal	to or	
	Inventory Information	Indicate the number of varieties in the Breads and/or Cereals staple food	Select-One	~	
	Supplemental Information	category (Examples: rice, pasta, flour, pita, tortilla, etc.):			
	Review and Submit	Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.):	Select-One	~	
		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 vario currently and on a continuous basis in your market.	eties that you l	nave	
		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 ⊖ N	lo	
		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 ⊖ N	lo	
		Do you have at least three stocking units of <u>each</u> variety in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, etc.)?	⊖ Yes ⊖ N	lo	
		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 ⊖ N	lo	
		Answer the following questions regarding perishable foods that you have cu continuous basis in your market.	urrently and on	a	
		Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)?	⊖ Yes ⊖ N	lo	
		Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's milk, refrigerated butter, etc.)?	⊖ Yes ⊖ N	lo	
		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 ⊖ N	lo	
		Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)?	⊖ Yes ⊖ N	lo	
		Save and Continue Later			
		← Back	Ν	lext →	

USDA	Online Store Application	FORM APPROVED OMB No. 0584-0008 Expiration Date: XXXXX20XX	Contact Us	Help	Logout
	A Home	Store Information			
	Select Application Type	🛔 Print Page			
	Before You Begin	Inventory Information			
	Acknowledgement Agreement	In this section, you will specify the types of inventory that you carry at this location. Plea regarding staple food varieties and the depth of stock that you have currently and on a c			
	Basic Information	market.			
	Accountability Information	Answer the following questions regarding staple food varieties that you have continuous basis in your market. Select the number of varieties for each stap			
	Sales Information	less than 10. Select "10+" if the number of varieties for each staple food cate greater than 10.			
	Inventory Information	 Indicate the number of varieties in the Breads and/or Cereals staple food 	5	~	
	Supplemental Information	category (Examples: rice, pasta, flour, pita, tortilla, etc.):	Ŭ	•	
	Review and Submit	Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.):	8	~	
		Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.):	9	~	
		Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.):	8	~	
		Answer the following questions regarding stocking units of staple food varie currently and on a continuous basis in your market.	eties that you	ı have	
		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, 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 <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 cu continuous basis in your market.	urrently and o	on a	
		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 →	

SDA Online Store Application		FORM APPROVED OMB No. 0 Expiration Date: 01
	 Home Select Application Type Before You Begin Acknowledgement Agreement Basic Information Accountability Information Sales Information Inventory Information Supplemental Information Review and Submit 	Store 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
		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 O No
		If you have a market website, provide the website address. Do you have additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know)? O Yes O No
		Save and Continue Later ← Back Next → billty Statement Privacy Policy Non-Discrimination Statement Information Quality USA.gov White House

Online Store Application

FORM APPROVED OWE No. 0594-0008 Contact Us Help Logout Expiration Date: 01/01/2021

Supplemental Information

In this section, you will provide details regarding the market's operating schedule

Basic Information Are optical scanners used at this market?

Accountability Information

Acknowledgement Agreement

Select Application Type

Before You Begin

ation O Yes
No
Is the market open year round?

🔾 Yes 🛞 No

Supplemental Information Review and Submit

Sales Information

Inventory Information

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

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

🔿 Yes 🛞 No

Indicate the ma	rket's hours and o	days of operation (S	ee Example below	v):	
Example:					
Monday	7:30	* AM	9:30	MA 🔘	
		O PM		* PM	

Caution: Please verify	that you have selected the correct	designation of AM or PM for your opening	and
closing times			

Monday	10:00	● AM ○ PM	09:00	O AM . PM
Tuesday	10.00	● AM ○ PM	09:00	○ AM [®] PM
Wednesday	10:00	● AM ○ PM	09:00	○ AM ● PM
Thursday	10:00	● AM ○ PM	09:00	○ AM
Friday	10:00	● AM ○ PM	09:00	○ AM
Saturday	10:00	● AM ○ PM	06:00	○ AM
Sunday	HECMM		HEMM	

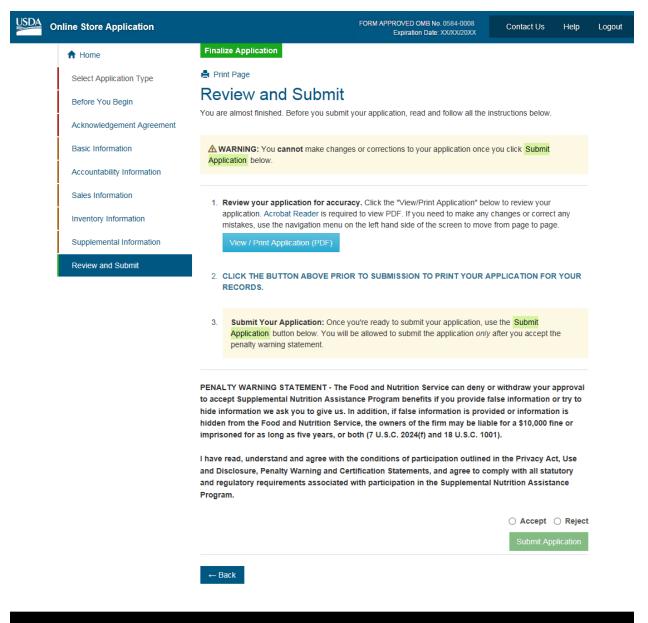
Provide the name and address of the financial institution (bank) that you will be using for SNAP payment deposits.

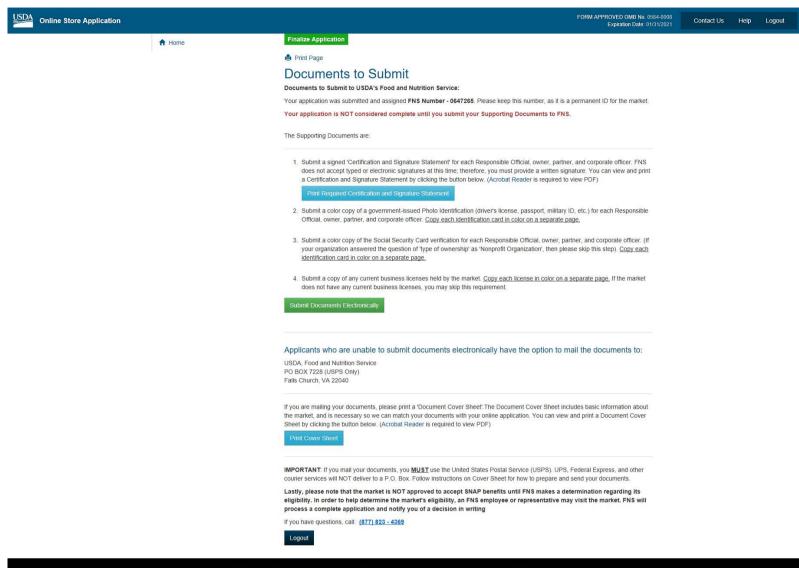
Street N	lame:		
Wall S	street		
State:		Zip Code:	
		Street Name: Wall Street	

Equipment Provider Name	Equipme	Equipment Provider Telephone Number:					
EBT Provider		123	-	478	-	9238	
Do you know the address for	your Electronic	c Benefits Tran	sfer	(EBT) ed	quipm	ent pro	vider?
Yes O No							
Street Number:		treet Name:					
10		chestnut street					
10		circainat areet					
Additional Address Line:							
City:	State:			Zip	Code	ę	
reston	VA		~	2	2201		12
Country							
United States of America		-					
If you have a market website, p marketwebsite.com	rovide the webs	ite address.					
marketwebsite.com							
Do you have additional information	or comments you	would like to provi	de to F	NS (such	as an	special of	circumsta
that FNS should know)? Yes O No							
If yes, enter information or comments	in the space provide	ed below:					
				remaining			

Next ---

← Back





USDA Online Store Application		FORM APPROVED OMB No. 0584-0008 Expiration Date: 01/31/2021	Contact Us	Help	Logout
A Home	Finalize Application				
	Upload and Submit Docum	ents			
	FNS Number:0647265				
	Application Submitted Date: 11/28/2018				
	Test Market - 123				
	1881 Campus Commons Dr Reston, VA 20191				
	Required Documents:				
	1. Signed Certification & Signature Statement for each responsible	e official, owner, partner, or corporate officer			
	2. Current Business License (one per application)				
	 Color copy of Photo Identification for each responsible official, o Color copy of Social Security Number verification for each responsible 				
	 сою сору от оссая оссанку чилыст челисация то сася resp. 	shale oncear, owner, partier, or corporate oncer			
	Step 1-3: Upload Documents Before you can upload, please scan and save each required documen				
	name of the documents and the folder(s) containing the documen or any of the following: ~!@#\$%^&*()?/[[](>> in the title. Document information on how to upload documents, please refer to our Documer	ts cannot be 0 megabytes (MB) or exceed 20 MB in size. For more			
	Step 1: Select Document Type	Step 2: Choose your Document			
	Select-One V	Browse			
	Step 3: Upload Document Upload Cancel				
	Step 4: Review and Submit Uploaded Docume	nts Refresh			
	No document has been uploaded.				
	Submitted Documents:	Refresh			
	No document has been submitted.				
	You may return to home or logout of this page if you are finished uploa	ading or submitting documents.			



Mail With Documents

Dear Farmers' Market Applicant:

You must include this cover letter with any documentation you mail 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-252-FE electronic market application:

FNS Number:0000000

Test Market 1234 1234 Main Street Alexandria, VA 22032

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.

- 1. Signed 'Certification and Signature Statement' for each Responsible Official, owner, partner, and corporate officer.
- 2. A color copy of a government-issued Photo Identification (driver's license, passport, military ID, etc.) for each Responsible Official, owner, partner, and corporate officer. <u>Copy each identification card in color on a separate page</u>.
- 3. A color copy of the Social Security Card verification for each Responsible Official, owner, partner, and corporate officer. (If your organization answered the question of 'type of ownership' as 'Nonprofit Organization', you may skip this requirement).
- 4. A copy of any current business licenses held by the market. <u>Copy each license in color on a separate page</u>. If the market does not have any current business licenses, you may skip this requirement.

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 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

Mail With Documents

FNS Number: 0000000

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.
- If your store is disqualified or fined for violating Program rules, FNS may publicly disclose your store's name and address, owners' names, and the penalty. If your store is permanently disqualified, all owners' names will be publicly disclosed through the General Service Administration's (GSA) System for Award Management (SAM). Being listed in GSA-SAM can affect your ability to buy a home or car, get financial aid for college, or to get or keep a job.

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

Date Signed

Χ_

Print Name

Print Title

Wed Nov 28 21:47:25 EST 2018



Keep For Your Records

Dear Farmers' Market Applicant:

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 - 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;
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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;
- 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.
- If your store is disqualified or fined for violating Program rules, FNS may publicly disclose your store's name and address, owners' names, and the penalty. If your store is permanently disqualified, all owners' names will be publicly disclosed through the General Service Administration's (GSA) System for Award Management (SAM). Being listed in GSA-SAM can affect your ability to buy a home or car, get financial aid for college, or to get or keep a job.

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Х

Signature

Date Signed

Χ__

Print Name

Print Title

Wed Nov 28 21:47:25 EST 2018

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM APPLICATION FOR STORES

1	When did or when 11/28/2018	n will the store o	pen for business under you	r owr	nership (MM/DD	/YYYY):			
2	Store Name:		3 Legal Business Name	(if d	ifferent from sto	re name):	4 Chai	n Store Nu	umber (if applicable):
	Test Market 12	34	Test Market Inc.						
5	Store Location Ad	ddress (do not e	nter P.O. Box here):						
	Street Number:	Street Name:					Addition	al Address	s (Bldg #, Unit #, Stall #, etc.):
	1234	Main Street							
	City:						State:		Zip Code:
	Alexadria						VA		22032
6	Store Mailing Add	dress:					I		
	(Skip if your maili	ng address is th	e same as your store location	on. If	you have a PO	Box address	, enter it in th	e street n	ame field):
	Street Number:	Street Name:					Addition	al Address	s (Bldg #, Unit #, Stall #, etc.):
	City:				State:	Zip Code:		If foreig	n address, add Country:
7	Store Telephone	Number:				8 Alternat	e Telephone	Number:	
	(123) 456	- 7890				(555) 555 -	- 5555	
9	Owner or Store E	mail Address:							
	testemailaddres	ss@testemailad	ldress.com						
10			food buying cooperative, fa						
		·	ily sells one food type such		1 37	, ,	_		X Yes No
	Meat/Poultry		•	•	Commissary/Ex	change x	Farmers' I	Market	Food Buying Cooperative
	Seafood Ma	rket	Produce Market Del	livery	Route		Direct Mai (Farm Sta		
	Do not use this	Form FNS-252	f you are applying as a re	stau	rant. Restaura	nts must us			pplication for Meal Services.
11	Type of Ownersh	• •	ne box):						
		ld Corporation	Sole Proprietor	ship		nited Liability			Nonprofit Organization
	Publicly Owr	ned Corporation	Partnership		Go	vernment Ow	ned		
			as a nonprofit entity?		Ye	s 🗙 No			
	11b If yes, does	your firm have 5	01(c)(3) nonprofit tax-exem	pt sta	atus? 🗌 Ye	s 🗙 No			
12	and address of yo	our corporation a	cy Information: If privately h is on record with the State. tion, enter the name and ad	lf gov	vernment owned	d, enter the n	ame and add	Iress of th	e responsible government
	12a Corporation	Name:							
	Test Marke	et Inc.							
	12b Corporation	Address:							
	Street Numb	oer: Street Na	me:				Addition	al Address	s (Bldg #, Unit #, Stall #, etc.):
	1234	Main St	reet						
	City:				State:	Zip Code:		If foreigi	n address, add Country:
	Alexandria	ι			VA	22032			
	12c If publicly ov	vned or governm	ent owned, enter a contact	pers	on:				
	Contact Pers	son Name:		Te	lephone Numbe	er:	Email Add	ress:	
				()	-			
13	If you have an En	nployer Identifica	ation Number (EIN), enter it	here	*******				



14 Owner/Officer Information: Enter the name and home address of <u>all</u> officers, owners, partners, and members. If this is a publicly owned corporation or government owned store, skip to question 15. See instructions for more information about this question.

14a F	Print name exact	tly as it a	opears on the social	security car	rd:						
F	First Name:			Middle Name: Last Name:							
J	John			А			Test				
5	Street Number:	Street	Name:					Additional	Address (Bldg #, U	Init #, Stall	#, etc.):
1	1234	Main	Street								
	City:	1				State: VA	Zip Code: 22032		f foreign address, a	add Countr	y:
-	Alexandria	lumbor:	Date of Birth: (MM/		Puoino			<u></u>	Email Address:		
	Social Security N *****	umber.	07/18/1977	(זיזיוטט			owner, partner, et	C.).	testemail@tes		
		ly as it a	opears on the social	cocurity cor	Owne	ſ			testeman@tes	steman.co	111
	First Name:	ily as it aj		Middle Na			Last Name:				
5	Street Number:	Street	Name:					Additional	Address (Bldg #, U	Init #, Stall	#, etc.):
Ō	City:					State:	Zip Code:		f foreign address, a	add Countr	'y:
5	Social Security N	lumber:	Date of Birth: (MM/	DD/YYYY)	Busine	ess Title (i.e. o	owner, partner, et	c.):	Email Address:		
14c F	Print name exact	lv as it a	opears on the social	security car	d:						
	First Name:			Middle Na			Last Name:				
0	Street Number:	Street	Name:					Additional	Address (Bldg #, U	Init #, Stall	#, etc.):
Ō	City:					State:	Zip Code:		f foreign address, a	add Countr	y:
S	Social Security N	lumber:	Date of Birth: (MM/	DD/YYYY)	Busine	ess Title (i.e. o	owner, partner, et	c.):	Email Address:		
14d F	Print name exact	lv as it a	opears on the social	security car	.d.						
	First Name:			Middle Na			Last Name:				
ç	Street Number:	Street	Name:			Additiona			al Address (Bldg #, Unit #, Stall #, etc.):		
Ō	City:					State:	Zip Code:		f foreign address, a	add Countr	'y:
5	Social Security N	lumber:	Date of Birth: (MM/	DD/YYYY)	Busine	ess Title (i.e. o	wner, partner, et	c.):	Email Address:		
15 / 0	ower the questi	one for e l	I officers, owners, pa	artaora mor	horo or	ad/or monogo	200				
	a Has any office	er, owner	, partner, member an tion Assistance Progr	d/or manag	er ever b	een denied, v	vithdrawn, disqual			Yes	🗙 No
45			0	- (-)	, -, -	,	- , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
15	b If Yes, provid	e an exp	lanation:								
15			, partner, member a ipating in any progra					or debarred fr	om conducting	Yes	🗙 No
15	d If Yes , provid	e an exp	lanation:		-						
15	e Is any officer, Assistance Pi		partner, and/or mem	per currently	receivin	ig assistance	through the Supp	olemental Nu	trition	Yes	🗙 No
15	f If Yes, has th	e officer,	owner, partner, and	/or member	reported	I this store ov	vnership to their S	NAP casewo	orker?	Yes	🗙 No
15	g If No , provide	e an expla	anation:								
15	h Has any office Nutrition Assi	er, owner stance P	r, partner and/or mer rogram for an intenti	nber ever b onal progra	een disqı m violatio	ualified from i on (IPV) or fra	receiving assistan aud?	ice through t	ne Supplemental	Yes	× No

	15j	Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores?	Y	'es	× 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?	Y	′es	× No
	16a	If Yes, provide an explanation:			

17	' Do y	/ou sell products wholesale to other businesses such as hospitals or restaurants?		Yes	\times	No
	17a	If Yes, do your retail food sales meet or exceed \$250,000 or 50% of your total gross sales?		Yes	X	No
18	Do y	/ou sell gasoline?		Yes	\times	No
19		wer the following questions regarding staple food <u>varieties</u> that you have currently and on a continuous basis in your store. Enter the test of each staple food category if less than 10. Check "10+" if the number of varieties for each staple food category is equal to a				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:		OR	\times	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	\times	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:		OR	\times	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	\times	10+
20	Ans	wer the following questions regarding stocking units of staple food varieties that you have currently and on a continuous basis in your	r sto	re:		
	20a	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.)?	\times	Yes		No
	20b	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.)?	\times	Yes		No
	20c	Do you have at least three stocking units of <u>each</u> variety in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, etc.)?	\times	Yes		No
	20d	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.)?	\times	Yes		No
21	Ans	wer 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.)?	\times	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.)?	\times	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.)?	\times	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.)?	\times	Yes		No
22		al Retail Sales: Enter the total retail sales from all products you sell at this location (both food and nonfood products and services). If lucts wholesale to other businesses, do not include those sales. If your store has been open under your ownership for more that			ır,	

you must enter actual total retail sales from your most recent IRS tax return for this store (22a). If your store has been open under your ownership for less than one year, you must provide estimated sales (22b). You must complete either 22a or 22b.

22a Actual Retail Sales: \$500,000.00 in tax year 20 18

22b Estimated Retail Sales:

(check one) Day 🗌 Week 🗌 Month 🗌 Year 🗌

22c Enter the total retail sales percentage for each sales category for products you sell at this store location (e.g., if 25% of total retail sales comes from accessory foods, enter 25% where indicated). If you do not sell items in a category, enter "0" (e.g., if you do not sell nonfood items, enter 0). If you do not have the actual total retail sales percentage(s) for one or more sales categories below, provide your best good faith estimate.

Sales Category	% Total
Staple Foods (Examples: rice, milk, beef, apples, etc.)	40
Accessory Foods (Examples: chips, candy, snack foods, soft drinks, condiments, etc.)	10
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	20
Cold Foods Prepared on Site (Only include items intended for immediate consumption or carryout. Examples: sandwiches, fresh salads, salad bars, etc.)	10
Nonfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.)	20
Total Sales Percentage (total must equal 100%)	100

23 How many cash registers are a	at this store? 1				
24 Are optical scanners used at th	his store? 🛛 🗙 Yes 🗌 No				
25 Is this store open year round?	🖂 Yes 📃 No				
25a If No, check which month	n(s) you are open:				
Jan Feb	Mar Apr May Jun [Jul A	ug 🗌 Sep 🛛	Oct	Nov Dec
26 Is this store open 7 days a wee	ek, 24 hours per day? 🛛 Yes [No			
26a If No, indicate operating h	hours:				
Opening Tin	me Select AM or PM Clos	ing Time	Select AM or I	PM	
Monday:					
Tuesday:					
Wednesday:					
Thursday:					
Friday:					
Saturday:					
Sunday:					
 27a Financial Institution Nar Test Bank 27b Financial Institution Mai Street Number: Street 		t you will be usi	ng for SNAP pa	· ·	sits: Address (Bldg #, Unit #, Stall #, etc.):
City:		State:	Zip Code:		If foreign address, add Country:
Alexandria		VA	22032		
28 If known, provide the name, ph	none number, and mailing address of	the Electronic I	Benefits Transfe	er (EBT) equ	ipment provider for your store:
28a Equipment Provider Na	me:	28	b Equipment P	rovider Phor	ne Number:
28c Equipment Provider Ma	illing Address:	I			
Street Number: Stree	et Name:			Additional	Address (Bldg #, Unit #, Stall #, etc.):
City:		State:	Zip Code:		If foreign address, add Country:
29 Do you have a website for you	ir store? If yes, provide website addre	ss:			
www.testwebsiteaddress.co	om				
30 If you have additional information please provide the information	ion or comments you would like to pro here:	ovide to FNS (s	uch as any spe	cial circums	tances that FNS should know),

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 each owner's 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 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.
- If your store is disqualified or fined for violating Program rules, FNS may publicly disclose your store's name and address, owners' names, and the
 penalty. If your store is permanently disqualified, all owners' names will be publicly disclosed through the General Service Administration's (GSA)
 System for Award Management (SAM). Being listed in GSA-SAM can affect your ability to buy a home or car, get financial aid for college, or to get
 or keep a job.

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 John Test	X John Test
Signature	Print Name
11/28/2018	Owner
Date Signed	Print Title

MAIL YOUR COMPLETED APPLICATION TO THE RETAILER SERVICE CENTER (SEE FIRST PAGE OF INSTRUCTIONS).