

SNAP Online Reauthorization Application

If you recently **received** a letter from the Food and Nutrition Service telling you that your store(s) are due for reauthorization, use the Reauthorization Customer Number and Password displayed in the letter to log in and complete your reauthorization application.

If you did **not receive** a letter, your store is not yet due for reauthorization. Please exit now.

Application Log In

Reauthorization Customer Number:

Password:

Password Instruction: Password is case sensitive. Enter it exactly as given in the letter.

Submit

If you have questions, call [1-877-823-4369](tel:1-877-823-4369) or click the "Help" button located at the top of this page.

Documents and Eligibility

Online Reauthorization Application Process:

Carefully review the following steps to complete the online reauthorization application process:

1. Fill out your online reauthorization application. Start by clicking the NEXT button below.
 - a. Use the HELP link above, to get help for each 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.
2. View and print a copy of your reauthorization application to keep for your records.
3. Submit your reauthorization application online, by the due date stated in the letter from FNS.
4. If your updates include new owners or location address, supporting documents will be required. Instructions on submitting supporting documents will be displayed at the time you submit the reauthorization application.

Time-Saving Tips:

Have the following documents available to save time filling out the application:

1. Location address and current phone number for each store.
2. A list of the full names of current owners or, if the store is owned by a corporation, the officers. If the store is in a community property state, you will need information on spouses.
3. Home address, social security number, and date of birth for all owners, partners, corporate officers, and in community property states, spouses.
4. Actual sales data from your most recent IRS business tax return.
5. Know the percentage of your sales from staple foods, snack or accessory foods, and all non-food items you sell.

TIP: If you exit the online reauthorization application before you complete and submit applications for all the stores listed, the data you entered will be saved for up to 30 days from your first log-in. You may log-in again to complete and submit your applications. Applications for all stores listed must be submitted at once.

To start your reauthorization application, click NEXT button.

Next



Documents & Eligibility

Get Started

Acknowledgement Agreement

Print Page

Customer Number: 1234 56AB 7890

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

▶ PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

▶ CERTIFICATION AND SIGNATURE

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 Decline

Name of person completing this application for reauthorization:

First Name:

Middle Name:

Last Name:

Title:

Phone Number where you can be reached:

Example: 555-555-5555

Owner or Store Email Address:

Confirm Email Address:

← Back

Documents & Eligibility

Get Started

Acknowledgement Agreement

Print Page

Customer Number: 1234 56AB 7890

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

- Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;
- Additional disclosure of this information may be made to other Food and Nutrition Service programs and to other Federal, State or local agencies and investigative authorities when the Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act of 2008, as explained in the next section called "Use and Disclosure";
- Section 278.1(b) of the Supplemental Nutrition Assistance Program regulations provides for the collection of the owners' Social Security Number (SSN), Employee Identification Number (EIN) and tax information;
- The use and disclosure of SSNs and EINs obtained by applicants is covered in the Social Security Act and the Internal Revenue Code. In accordance with the Social Security Act and the Internal Revenue Code, applicant social security numbers and employer identification numbers may be disclosed only to other Federal agencies authorized to have access to social security numbers and employer identification numbers and maintain these numbers in their files, and only when the Secretary of Agriculture determines that disclosure would assist in verifying and matching such information against information maintained by such other agency [42 U.S.C. 405(c)(2)(C)(iii); 26 U.S.C. 6109(f)];
- Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in withdrawal of store authorization to accept SNAP benefits;
- 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

PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

CERTIFICATION AND SIGNATURE

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 Decline

Name of person completing this application for reauthorization:

First Name:

Middle Name:

Last Name:

Title:

Phone Number where you can be reached:

Example: 555-555-5555

Owner or Store Email Address:

Confirm Email Address:

← Back

Documents & Eligibility

Get Started

Acknowledgement Agreement

Print Page

Customer Number: 1234 56AB 7890

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 1966 (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

- 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.

▶ PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

▶ CERTIFICATION AND SIGNATURE

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. 2024f) 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 Decline

Name of person completing this application for reauthorization:

First Name: Middle Name: Last Name:

Title:

Phone Number where you can be reached:

Example: 555-555-5555

Owner or Store Email Address: Confirm Email Address:

← Back

Documents & Eligibility

Get Started

Acknowledgement Agreement

Print Page

Customer Number: 1234 56AB 7890

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

▼ 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.

▶ CERTIFICATION AND SIGNATURE

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 Decline

Name of person completing this application for reauthorization:

First Name:

Middle Name:

Last Name:

Title:

Phone Number where you can be reached:

Example: 555-555-5555

Owner or Store Email Address:

Confirm Email Address:

← Back

Documents & Eligibility

Get Started

Acknowledgement Agreement

Print Page

Customer Number: 1234 56AB 7890

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

PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

CERTIFICATION AND SIGNATURE

By signing the application for reauthorization you are confirming your understanding of and agreement with the following:

- I am an owner of this firm, or am authorized to represent the firm regarding this reauthorization.
- 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 authorization to accept Supplemental Nutrition Assistance Program (SNAP) benefits may be 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.
- SNAP training materials are available on request from the Food and Nutrition Service. Owners/Officers must 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 SNAP regulations.
- Violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Supplemental Nutrition Assistance Program. Violations of the Supplemental Nutrition Assistance Program rules can also result in Federal, State and/or local criminal prosecution and sanctions.
- Owners/Officers are responsible 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 withdrawn if the firm violates any laws or regulations issued by Federal, State or local agencies, including child rights laws and their implementing regulations.
- Changes in the firm's ownership, address, type of business and operation must be reported 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.

Accept Decline

Name of person completing this application for reauthorization:

First Name: Middle Name: Last Name:

Title:

Phone Number where you can be reached:

Example: 555-555-5555

Owner or Store Email Address: Confirm Email Address:

Back

Documents & Eligibility

Get Started

Acknowledgement Agreement

Print Page

Customer Number: 1234 56AB 7890

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

▶ PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

▶ CERTIFICATION AND SIGNATURE

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 Decline

Name of person completing this application for reauthorization:

First Name:

Romeo

Middle Name:

J

Last Name:

Shakespeare

Title:

Owner

Phone Number where you can be reached:

Example: 555-555-5555

703

555

7724

Owner or Store Email Address:

first.last@usda.gov

Confirm Email Address:

first.last@usda.gov

Save and Continue Later

← Back

Next →

- Documents & Eligibility
- Acknowledgement Agreement
- Basic Information**
- Ownership Information - Part 1
- Ownership Information - Part 2
- Sales Information
- Inventory Information
- Supplemental Information
- Review & Submit

Store Data

Print Page

Customer Number: 1234 56AB 7890

Basic Information

Store Name : Shakey Mart 1 (What is this?) Store Number : 1

The store name(s) per FNS records. If incorrect, call SNAP Retailer Service Center at 1-877-823-4369 to report the correct name.

If different from your official store name, what name is your store doing business as?

Is this store still open for business?

Yes No

Is this the current store location? If No, enter the current store location address (do not enter P.O. Box here)

Yes No

Street Number:

Street Name:

Additional Address Line:

City:

Zip Code:

State:

Enter the current store telephone number:

Example: 555-555-5555

 - -

Alternate Telephone Number: What is this?

FNS is collecting an emergency telephone number to contact you regarding your business during a disaster situation. Provide an alternate to your store telephone number, such as a cellular or home phone number.

Example: 555-555-5555

 - -

Is your store open 7 days a week, 24 hours per day?

Yes No

Save and Continue Later

← Back

Next →

- Documents & Eligibility
- Acknowledgement Agreement
- Basic Information
- Ownership Information - Part 1**
- Ownership Information - Part 2
- Sales Information
- Inventory Information
- Supplemental Information
- Review & Submit

Store Data

Print Page

Customer Number: 1234 56AB 7890

Ownership Information - Part 1

FNS records show the following persons are primary owners or officers of a private corporation that owns the store. In community property states, the spouse of an owner or officer is also listed. (Community property states are AZ, CA, ID, LA, NM, NV, TX, WA, WI.)

Click here if no person is listed below.

Is each person listed still an owner/officer/spouse? Check **Yes** or **No** for each person.

First	Middle	Last	Date of Birth	Yes	No
Romeo	J.	Shakespeare	**/**/73	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Click "Add Another Owner" button to Add any new primary owners, officers and/or their spouses (in community property states) that are not listed here. See HELP for more information about this question. (If this is a publicly-held or government-owned entity, do not add any persons.)

Add Another Owner

Enter name exactly as it appears on Social Security card. Do not enter a person listed above

Remove Owner

Additional Owner 1

First Name: Middle Name: Last Name:

Street Number: Street Name:

Additional Address Line:

City: State: Zip Code:

Country:

Social Security Number: Date of Birth:

Title: Email Address:

Add Another Owner

Save and Continue Later

← Back

Next →

- Documents & Eligibility
- Acknowledgement Agreement
- Basic Information
- Ownership Information - Part 1
- Ownership Information - Part 2**
- Sales Information
- Inventory Information
- Supplemental Information
- Review & Submit

Store Data

Print Page

Customer Number: 1234 56AB 7890

Ownership Information - Part 2

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

First	Middle	Last	Date of Birth
Romeo	J.	Shakespeare	**/**/73

Has any officer, owner, partner, member, and/or manager ever been denied, withdrawn, disqualified, suspended, or been fined for Supplemental Nutrition Assistance Program (SNAP), WIC, business, alcohol, tobacco, lottery, and/or health violations?

Yes No

Has any officer, owner, partner, member, and/or manager currently or ever been suspended or debarred from conducting business with or participating in any program administered by the Federal Government?

Yes No

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

Yes No

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

Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores?

Yes No

Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1999?

Yes No

Save and Continue Later

← Back

Next →

- Documents & Eligibility
- Acknowledgement Agreement
- Basic Information
- Ownership Information - Part 1
- Ownership Information - Part 2
- Sales Information**
- Inventory Information
- Supplemental Information
- Review & Submit

Store Data

Print Page

Customer Number: 1234 56AB 7890

Sales Information

Store Name : Shakey Mart

Store Number : 1

Do you sell gasoline?

Yes No

Total Retail Sales

Enter the total retail sales from all products you sell at this location (both food and nonfood products and services) and indicate the tax year corresponding to your total retail sales. If you sell products wholesale to other businesses, do not include those sales.

Total Retail Sales:

\$ 3,895,313.00 .00

Tax year:

2018

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 the store does not sell nonfood items, enter 0). If you do not have the actual total retail sales percentage(s) for one or more of the sales categories below, provide your best good faith estimate.

Round to the nearest whole percentage, do not enter a percent sign. Enter a number between 0 and 100.

Sales Category	% Total
Staple Foods (Examples: rice, milk, beef, apples, etc.)	14 %
Accessory Foods (Examples: chips, candy, snack foods, soft drinks, condiments, etc.)	6 %
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.)	%
Nonfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.)	80 %
Total Sales Percentage (total must equal 100%)	100%

Save and Continue Later

← Back

Next →

- Documents & Eligibility
- Acknowledgement Agreement
- Basic Information
- Ownership Information - Part 1
- Ownership Information - Part 2
- Sales Information
- Inventory Information**
- Supplemental Information
- Review & Submit

Store Data

Print Page

Customer Number: 1234 56AB 7890

Inventory Information

Store Name : Shakey Mart

Store Number : 1

Answer the following questions regarding staple food varieties that you have currently and on a continuous basis in your store. 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.)	<input type="text" value="10+"/>
Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.)	<input type="text" value="10+"/>
Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.)	<input type="text" value="10+"/>
Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.)	<input type="text" value="10+"/>

Answer the following questions regarding stocking units of staple food varieties that you have currently and on a continuous basis in your store:

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 store:

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

Documents & Eligibility

Store Data

Acknowledgement Agreement

Basic Information

Ownership Information - Part 1

Ownership Information - Part 2

Sales Information

Inventory Information

Supplemental Information

Review & Submit

Print Page

Customer Number: 1234 56AB 7890

Supplemental Information

Store Name : Shakey Mart

Store Number : 1

Number of cash registers at your store :

Are optical scanners used at this store?

 Yes No

What is the name, phone number, and address of the company that provides your EBT equipment and services?

Equipment Provider Name

Equipment Provider Telephone Number

 - -

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

 Yes No

Equipment Provider Mailing Address:

Street Number:

Street Name:

Additional Address Line:

City:

State:

Zip Code:

Country

Provide the name and address of the financial institution (bank) that you use for SNAP payment deposits:

Financial Institution Name

Street Number:

Street Name:

Additional Address Line:

City:

State:

Zip Code:

Country

If you have a store website, provide the website address:

Do you have additional information or comments you would like to provide to FNS (such as any Store name change, updated mailing address, new or updated email address for each owner or officer listed, or any special circumstances that FNS should know, etc.)?

 Yes No

Save and Continue Later

← Back

Next →

Documents & Eligibility

Acknowledgement Agreement

Basic Information

Ownership Information - Part 1

Ownership Information - Part 2

Sales Information

Inventory Information

Supplemental Information

Review & Submit

Complete Application

Print Page

Customer Number: 1234 56AB 7890

Review and Submit

Before you submit your update for reauthorization, review the application for accuracy, by clicking the store address to see the data you entered, or click the Review App link for each store to view/save/print your application.

Once you are confident the information is complete and accurate:


1. Click Accept to accept the Penalty Warning Statement then;
2. Click Submit to finalize submission of your SNAP Application for Reauthorization for Stores (FNS-252-R)

Number of Store Locations: 1

Store Name/Store Number	Address	Status	Action
Shakey Mart 1	1234 FNS Lane Mobile, AL 36605	Complete	Review App

By submitting this application for reauthorization you are affirming that you have read, understand, and agree with the conditions of participation in the Acknowledgement Agreement and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program.

You are an owner/officer or authorized to complete the application for the store.

1. To view, print, and/or save the completed store reauthorization application you will need to have a copy of Adobe Acrobat Reader. This software is free.
2. If you need a copy of this software click the icon 

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).

Accept Decline

Read the above warnings carefully. Once you are ready to submit your electronic application for reauthorization, click Accept to acknowledge you understand these warnings, then click Submit button. If the application is successfully submitted, a confirmation message will display more information about your reauthorization for SNAP.

Submit

Complete Application

Print Page

Customer Number: 1234 56AB 7890

Confirmation

Thank you for submitting the reauthorization application for

Store Name/Store Number	Address	Customer Number
Shakey Mart 1	1234 FNS Lane Mobile, AL 36605	1234 56AB 7890

TIP: Save the final SNAP Application for Reauthorization for Stores (FNS-252-R) for your records!

Save Application

FNS may be in touch with you to follow-up on the information you reported in your application(s). Your store(s) may be visited by FNS or a contracted reviewer.

[Click Here](#) to view and print another copy of the Privacy Act Statement, Use and Disclosure Statement, Penalty Warning Statement, and Certification and Signature Statement.

It is your responsibility to ensure that you and your employees know and follow the SNAP rules and regulations. Violations of SNAP program regulations can result in loss of your authorization to accept SNAP EBT. SNAP regulations and retailer training materials are available online, at www.fns.usda.gov/snap/retailers/store-training.htm.

Changes in the ownership, location, or name of business; civil or criminal convictions of owners or loss of other business licenses; owners suspended/debarred from any program administered by the Federal Government may void your SNAP permit. Failure to report such changes immediately to USDA may result in substantial fines and administrative sanctions.

If you have further questions, please call the SNAP Retailer Service Center at [1-877-823-4369](tel:1-877-823-4369).

Print a copy of this page for reference before you log out. You will not be able to return to this page after you log out.

Logout