

**1** When did or when will the store open for business under your ownership (MM/DD/YYYY):

<b>2</b> Store Name:	<b>3</b> Legal Business Name (if different from store name):	<b>4</b> Chain Store Number (if applicable):
----------------------	--	--

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

Street Number:	Street Name:	Additional Address (Bldg #, Unit #, Stall #, etc.):
City:	State:	Zip Code:

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

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

<b>7</b> Store Telephone Number: ( ) -	<b>8</b> Alternate Telephone Number: ( ) -
---	---

**9** Owner or Store Email Address:

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

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

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

**11** Type of Ownership (check only **one** box):

<input type="checkbox"/> Privately Held Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Nonprofit Organization
<input type="checkbox"/> Publicly Owned Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government Owned	

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

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

**12** Corporation or Government Agency Information: If privately held corporation, nonprofit organization, or limited liability company, enter the name and address of your corporation as on record with the State. If government owned, enter the name and address of the responsible government agency. If publicly owned corporation, enter the name and address of the parent corporate office. **All others, skip question 13.**

**12a** Corporation Name:

---

**12b** Corporation Address:

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

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

Contact Person Name:	Telephone Number: ( ) -	Email Address:
----------------------	----------------------------	----------------

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

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

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

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

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

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

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

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

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

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

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

**15a** Has any officer, owner, partner, member and/or manager ever been denied, withdrawn, disqualified, suspended, or been fined for Supplemental Nutrition Assistance Program (SNAP), WIC, business, alcohol, tobacco, lottery, and/or health violations?  Yes  No

**15b** If Yes, provide an explanation:

**15c** Has any officer, owner, partner, member and/or manager currently or ever been suspended or debarred from conducting business with or participating in any program administered by the Federal Government?  Yes  No

**15d** If Yes, provide an explanation:

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

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

**15g** If No, provide an explanation:

**15h** Has any officer, owner, partner and/or member ever been disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (IPV) or fraud?  Yes  No

15i If Yes, provide an explanation:

15j Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores?  Yes  No

15k If Yes, how many currently authorized stores do you own? \_\_\_\_\_

16 Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1999?  Yes  No

16a If Yes, provide an explanation:

17 Do you sell products wholesale to other businesses such as hospitals or restaurants?  Yes  No

17a If Yes, do your retail food sales meet or exceed \$250,000 or 50% of your total gross sales?  Yes  No

18 Do you sell gasoline?  Yes  No

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

19a Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.) that you have currently and on a continuous basis in your store: \_\_\_\_\_ OR  10+

19b Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.) that you have currently and on a continuous basis in your store: \_\_\_\_\_ OR  10+

19c Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.) that you have currently and on a continuous basis in your store: \_\_\_\_\_ OR  10+

19d Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.) that you have currently and on a continuous basis in your store: \_\_\_\_\_ OR  10+

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

20a Do you have at least three stocking units of each variety in the Breads and/or Cereals category (Examples: 3 bags of rice, 3 boxes of pasta, etc.)?  Yes  No

20b Do you have at least three stocking units of each variety in the Dairy products category (Examples: 3 cartons of soymilk, 3 cans of infant formula, etc.)?  Yes  No

20c Do you have at least three stocking units of each variety in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, etc.)?  Yes  No

20d Do you have at least three stocking units of each variety in the Vegetables and/or Fruits category (Examples: 3 apples, 3 cans of peaches, etc.)?  Yes  No

21 Answer the following questions regarding perishable foods that you have currently and on a continuous basis in your store:

21a Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)?  Yes  No

21b Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's milk, refrigerated butter, etc.)?  Yes  No

21c Do you have at least one variety of perishable foods in the Meat, Poultry, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)?  Yes  No

21d Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)?  Yes  No

22 **Total Retail Sales:** Enter the total retail sales from all products you sell at this location (both food and nonfood products and services). If you sell products wholesale to other businesses, do not include those sales. **If your store has been open under your ownership for more than one year, 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:** \_\_\_\_\_ in tax year 20 \_\_\_\_

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

23 How many cash registers are at this store? \_\_\_\_\_

24 Are optical scanners used at this store?  Yes  No

25 Is this store open year round?  Yes  No

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

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

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

26a If No, indicate operating hours:

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

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

27a Financial Institution Name: \_\_\_\_\_

27b Financial Institution Mailing Address:

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

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

28a Equipment Provider Name: \_\_\_\_\_

28b Equipment Provider Phone Number: \_\_\_\_\_

28c Equipment Provider Mailing Address:

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

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

30 If you have additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know), please provide the information here: \_\_\_\_\_

**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 could affect your ability to get or keep a job or to receive a private loan for your business or for a house, car, or college.

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

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

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

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Title

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

# Instructions for Form FNS-252 Supplemental Nutrition Assistance Program Application for Stores

## General Instructions

Use Form FNS-252, Supplemental Nutrition Assistance Program Application for Stores to apply for authorization to participate in the Supplemental Nutrition Assistance Program (SNAP).

These instructions should be used when submitting a paper application by mail to USDA, Food and Nutrition Service (FNS).

The information you provide on the application form will be used by FNS to determine your store's eligibility to accept and redeem SNAP benefits. Your store may be visited as part of this review. If approved, your store will be issued a SNAP license.

You must train your employees on the SNAP rules and regulations. Training materials are available on our public website for your convenience and included in your information packet if FNS approves your application. You may also obtain training information translated into other languages from this site.

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

## Reminders

You must answer all of the questions on the application form, with the following exceptions:

- Question 3.
- If the store is owned by a sole proprietorship or partnership, skip question 12.
- If the store is owned by a privately held corporation or LLC skip question 12c.
- If the store is owned by a public corporation or government agency skip question 14.

## How to Apply

You can apply online or submit a paper application by mail. Use only one method.

## Which Filing Method Can I Use?

**Apply Online:** Go to the USDA, FNS website at: <https://www.fns.usda.gov/snap> and follow the instructions to submit an online application.

**Apply by Mail:** Complete Form FNS-252, attach the required documents, sign and date the application, and mail it to the SNAP Retailer Service Center. **If there are multiple owners, then each owner must individually sign a certification and signature statement (page 6 of the application) and these documents must be submitted with the application.** The SNAP Retailer Service Center address is listed on the cover letter that was mailed to you with the application. You can also find the SNAP Retailer Service Center address at: <https://www.fns.usda.gov/snap>.

## Authorization Processing Time

You must complete the application and submit all the supporting documents before FNS processes your application. An incomplete application or failure to submit documentation will result in a delay.



*You cannot accept Supplemental Nutrition Assistance Program benefits until you are authorized and licensed by FNS.*

Contact the SNAP Retailer Service Center to inquire about the status of an application.

## Specific Instructions

Print or type your answers so they are clear and legible. Keep a copy of what you submit to FNS for your records.

**Question 1 - Store Opening Date:** Enter the date that the store opened for business or will open for business under your ownership. You can enter a future opening date. Your store may be visited following the submission of your application. As a result, you are responsible for ensuring that your firm can meet eligibility requirements for participation in the Supplemental Nutrition Assistance Program from the day your application is submitted.

**Question 2 - Store Name:** Enter the most commonly referred to name of your business (e.g., the doing business as name, trade name, etc.).

**Question 3 - Legal Business Name:** If your legal business name (e.g., Joe's Enterprise, LLC) is different from your store name, enter it in question 3.

**Question 4 - Chain Store Number:** Enter the store number if the store is part of a chain of stores and you refer to it by a number, i.e., "Fine Foods #426." Enter only the number in this field (do not enter a pound sign).

**Question 5 - Store Location Address:** Enter the store location address. Do not enter a P.O. Box number here. Use the Additional Address line for the unit number, building number, stall number, etc., and for addresses with multiple businesses at one location.

**Question 6 - Store Mailing Address:** If your store has a mailing address that is different than the location address, enter it here. If you have a P.O. Box, enter it in the street name field.

**Questions 7 - Store Telephone Number:** Enter the store's telephone number, including area code.



**Questions 8 - Alternate Telephone Number:** Enter an alternate telephone number, such as a cellular number, including area code. We may use the alternate telephone number to contact you during a disaster situation. The alternate telephone cannot be the same as the store telephone number.

**Question 9 - Email Address:** Enter the owner or store email address where you want to receive Supplemental Nutrition Assistance Program official correspondence.

**Question 10 - Special Store Type:** Check Produce Market if you primarily sell fruit/vegetable items purchased from others, rather than raised yourself.

Check Farmers Market if you represent a multi-stall market, where farmers sell their own agricultural products (fruits/vegetables/meats/bread, etc.) directly to the public.

Check Direct Marketing Farmer (Farm Stand/Stall/U-Pick) if you produce and sell your own agricultural products at a road side stand, a stall at a market, and/or have a "pick-your-own" operation on your farm.

Check Food Buying Cooperative if you are a private nonprofit association of consumers whose members pool their resources to buy food.

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

**Question 11 - Ownership Type:** Select the ownership type that best describes your business.

**Question 11a:** select "yes" or "no" to indicate if you are legally organized as a nonprofit entity.

**Question 11b:** select "yes" or "no" to indicate if you have 501(c)(3) non-profit tax-exempt status.

**Question 12 - Corporation or Government Agency Information:** For privately held corporations, nonprofit organizations, and limited liability companies, enter the name and address that is on record with the State. For publicly owned corporations (also referred to as publicly traded corporations), enter the parent corporation name and address. For government owned stores, enter the name and address of the responsible government agency. For publicly owned corporations or government owned stores enter the name, telephone number and email address of the contact person or the person responsible for the Supplemental Nutrition Assistance Program license.

**Question 13 - Federal Employer Identification Number (EIN):** An EIN is a nine digit number assigned by the Internal Revenue Service to businesses for tax filing and reporting purposes. If you have an EIN number enter it exactly as assigned.

**Question 14 - Owner/Officer Information:** Do not complete this question if you indicated the ownership type is publicly owned corporation (i.e., publicly traded corporation) or government owned store in question 11. For all other ownership types, you must provide information for all owners, members, partners, primary shareholders and officers of corporations, including entities with non-profit status.

**For each Owner, Partner, Officer, Member, Shareholder:** Enter the first name, middle name, and last name of each person exactly as it appears on their social security card. Enter the home address, social security number and date of birth for each person.

**Email Address:** Enter the email address for all owners/officers here (optional).

If there are more than four primary owners, make a copy of page 2 and enter the additional person(s) information.

**Questions 15 and 16 - Ownership Questions:** For each question, check only one box.

**Question 15b, 15d, and 16a:** If you answer "Yes" to either question 15a, 15c or 16, provide an explanation.

**Question 15g:** If you answer "No" to question 15f, provide an explanation.

**Question 15i:** If you answer "Yes" to question 15h, provide an explanation.

**Question 15k:** If you answer "Yes" to question 15j, enter the number of currently authorized SNAP stores under your ownership.

**Question 17 - Wholesale Sales:** Select "Yes" or "No" to indicate if your store sells products to other businesses (i.e., sells to hospitals, restaurants, etc.).

**Question 17a:** If you answer "Yes" to question 17, indicate if your retail food sales meet or exceed \$250,000 or 50% of your store's total gross sales.

**Question 18 - Gasoline Sales:** Select "Yes" or "No" to indicate if your store sells gasoline.

**Question 19-21: Staple Food Varieties & Depth of Stock:** Please answer the questions regarding staple food varieties and the depth of stock that you have currently and on a continuous basis in your store. Additional information related to staple food varieties and minimum stocking requirements can be found online at: <https://www.fns.usda.gov/snap/retailers-store-training-information>.



For each question, check only Yes or No.

**Staple Foods:** Staple food means those food items intended for home preparation and consumption in each of the following food categories: meat, poultry, or fish; bread or cereals; vegetables or fruits; and dairy products. A list of examples of staple foods can be found online at: <https://www.fns.usda.gov/snap/retailers-store-training-information>.

**Variety:** Variety means different kinds of products in each of the four staple food categories. A list of examples of acceptable varieties in each of the staple food categories can be found online at: <https://www.fns.usda.gov/snap/retailers-store-training-information>.

**Stocking Unit:** A stocking unit is a can, bunch, box, bag, or package for the product as typically sold. A list of examples of stocking units can be found online at: <https://www.fns.usda.gov/snap/retailers-store-training-information>.

**Perishable Foods:** Perishable foods are items which are either frozen staple food items or fresh, unrefrigerated or refrigerated staple food items that will spoil or suffer significant deterioration in quality within 2-3 weeks.

**Question 22 - Retail Sales:** Enter the total retail sales from all products you sell at this location (both food and nonfood products and services). If the store has been in business for at least a year under your ownership, provide the actual retail sales amount for this store. If the store has been in business under your ownership for less than a year, enter estimated retail sales for a full year.

Exclude any wholesales. If you answered yes to question 17, FNS may contact you for further information about the dollar amount of wholesales.

**Question 22c:** Enter the total retail sales percentage for each sales category for products you sell at this store location. If you do not sell items in a category, enter "0". If you do not have the actual total retail sales percentage(s) for one or more of the sales categories, provide your best good faith estimate.

**Hot Foods and Cold Foods Prepared on Site:** Total retail sales percentages for these categories should only include prepared foods that are consumed on the premises or sold for carry out (i.e., foods not intended for home preparation or consumption).

**Accessory Food Items:** Snacks and desserts, such as potato chips and ice cream, are not considered staple foods. Spices, most beverages, seasonings, and other food items that complement or supplement meals are also not considered staple foods. These products are considered accessory food items. While still eligible for purchase with SNAP benefits, accessory food items do not count towards Criteria A or B. A full list of accessory foods can be viewed at: <https://www.fns.usda.gov/snap/retailers-store-training-information>.

**Staple Foods:** See information about staple foods in the instructions for questions 19-21.

**Total Sales Percentage:** Enter the sum of the retail sales percentages for all the products listed above it.

**Question 23 - Number of Cash Registers:** Enter the current number of cash registers at this store used for accepting payment for retail purchases.

**Question 24 - Optical Scanners:** Select "Yes" or "No" to indicate if optical scanners are used at your store.

**Question 25 - Store Open Year Round:** Select "Yes" or "No" to indicate if your store is open year-round.

**Question 25a:** If you answered "No" to question 25, check the boxes next to the months your store is open for business.

**Question 26 - Open 24/7:** Select "Yes" or "No" to indicate if your store is open 24 hours a day, 7 days a week.

**Question 26a:** If you answered "No" to question 26 enter the opening and closing time for each day your store is open for business and indicate AM or PM.

**Question 27- Financial Institution Name and Address:** Provide the name and address of the financial institution that you will be using for SNAP payment deposits (i.e. what is your bank?).

**Question 28 - EBT Equipment:** If you have already selected the Electronic Benefit Transfer equipment provider for your store, please enter the provider name, address and phone number.

**Question 29 - Store Website:** If you have a public website for your store, please enter the full website address.

**Question 30 - Additional Information or Comments:** Enter any additional information or comments you would like to provide to FNS such as any special circumstances that FNS should know regarding your store or this application.

#### **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. Instead, see the *How to Apply* section.

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.