

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
CORPORATE MULTI-STORE APPLICATION**

Part A - Corporate Application

- 1** 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"/> Delivery Route | <input type="checkbox"/> Farmers' Market | <input type="checkbox"/> Food Buying Cooperative |
| <input type="checkbox"/> Seafood Market | <input type="checkbox"/> Produce Market | <input type="checkbox"/> Military Commissary/Exchange | <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.

- 2** 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 | |

- 2a** Is your firm legally organized as a nonprofit entity? **Yes** **No**
- 2b** If **yes**, does your firm have 501(c)(3) nonprofit tax-exempt status? **Yes** **No**

- 3** Corporation or Government Agency Information: If privately-held corporation, nonprofit organization, or limited liability company, enter the name and address of your corporation as on record with the state. If government owned, enter the name and address of the responsible government agency. If publicly-owned corporation, enter the name and address of the parent corporate office. **All others, skip to question 4.**

3a Corporation Name:

3b Corporation Address:

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

3c If publicly owned or government owned, enter a contact person:

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

4 Enter Employer Identification Number (EIN): -

5 Do you have a website for your store? If yes, provide website address:

6 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 7.** See instructions for more information about this question.

6a 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: |

6b 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: |

6c 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: |

6d 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: |

- 7** Answer the questions for **all** officers, owners, partners, members, and/or managers.
- 7a** 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**
- 7b** If **Yes**, provide an explanation:
- 7c** 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**
- 7d** If **Yes**, provide an explanation:
- 7e** Is any officer, owner, partner, and/or member currently receiving assistance through the Supplemental Nutrition Assistance Program? **Yes** **No**
- 7f** If **Yes**, has the officer, owner, partner, and/or member reported this store ownership to their SNAP caseworker? **Yes** **No**
- 7g** If **No**, provide an explanation:
- 7h** 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**
- 7i** If **Yes**, provide an explanation:
- 7j** Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores? **Yes** **No**
- 7k** If **Yes**, how many currently authorized stores do you own?
- 8** Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1999? **Yes** **No**
- 8a** If **Yes**, provide an explanation:

**Part B - Complete Part B for each location under your ownership applying for SNAP authorization.
Copy Part B pages as needed.**

- 1 Does this location sell products wholesale to other businesses such as hospitals or restaurants? Yes No
 1a If Yes, do retail food sales at this location meet or exceed \$250,000 or 50% of total gross sales for the location? Yes No
 2 Do you sell gasoline? Yes No

3 When did or when will the store open for business under your ownership (MM/DD/YYYY)?

4 Store Name:

5 Chain Store Number (if applicable):

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

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

7 Store telephone number:

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8 Alternate telephone number:

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9 Owner or Store Email Address:

10 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.

- 10a 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+
- 10b 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+
- 10c 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+
- 10d 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+

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

- 11a Do you have at least three stocking units of at least three varieties in the Breads and/or Cereals category (Examples: 3 bags of rice, 3 boxes of pasta, 3 packages of bread, etc.)? Yes No
- 11b Do you have at least three stocking units of at least three varieties in the Dairy products category (Examples: 3 cartons of soymilk, 3 cans of infant formula, 3 packages of cheese, etc.)? Yes No
- 11c Do you have at least three stocking units of at least three varieties in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, 3 packages of ground beef, etc.)? Yes No
- 11d Do you have at least three stocking units of at least three varieties in the Vegetables and/or Fruits category (Examples: 3 apples, 3 cans of peaches, 3 packages of lettuce, etc.)? Yes No

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

- 12a Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)? Yes No
- 12b 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
- 12c 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
- 12d 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

13 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 Internal Revenue Service tax return for this store (13a).** If your store has been open under your ownership for less than one year, you must provide estimated sales (13b). You must complete either 13a or 13b.

13a Actual Retail Sales: _____ in tax year 20__

13b Estimated Retail Sales: _____ (check one) Day Week Month Year

13c 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 sales categories below, provide your best good faith estimate.

| 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 carryout. Examples: sandwiches, fresh salads, salad bars, etc.) | |
| Nonfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.) | |
| Total Sales Percentage (total must equal 100%) | |

14 How many cash registers are at this store? _____

15 Are optical scanners used at this store? Yes No

16 Is this store open year round? Yes No

16a If No, check which month(s) you are open:

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

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

17a If No, indicate operating hours:

| | Opening Time | Select AM or PM | Closing Time | Select AM or PM |
|------------|--------------|---|--------------|---|
| 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"/> |

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

18a Financial Institution Name: _____

18b Financial Institution Mailing Address:

Street Number: _____ Street Name: _____ Additional Address (Bldg #, Unit #, Stall #, etc.): _____

City: _____ State: _____ Zip Code: _____ If foreign address, add Country: _____

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

19a Equipment Provider Name: _____

19b Equipment Provider Phone Number: _____

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19c Equipment Provider Mailing Address:

Street Number: _____ Street Name: _____ Additional Address (Bldg #, Unit #, Stall #, etc.): _____

City: _____ State: _____ Zip Code: _____ If foreign address, add Country: _____

20 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:

Part C - Privacy Act Statement, Use and Disclosure

The following statements apply to the information supplied in Part A. Corporate Application and in Part B. Store Application. Keep this for your records.

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 Food and Nutrition Service in the administration of the SNAP;
- 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 SNAP 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, ITIN, 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, ITINs, 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, ITINs, 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, ITINs, 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, ITINs, 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.

Part D - CERTIFICATION AND SIGNATURE - By signing below, you are confirming your understanding of and agreement with the following for the Corporation and all stores for which the Corporation is applying for participation. If there are multiple owners/officers, then each owner/officer must individually sign a certification and signature statement (page 6 of the application) and these documents must be submitted with the application.

- I am an owner/officer of this firm or authorized to act on behalf of the 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, the firm's application for the Corporation and for Store locations 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 the firm's 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, at all locations authorized under the firm's ownership. 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 for the Corporation and any or all locations if the 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, store locations, 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.

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 fail to disclose required/requested information. 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

SUBMIT YOUR COMPLETED APPLICATION (Parts A, B, and D) TO THE FOOD AND NUTRITION SERVICE.

Privacy Act and Paperwork Reduction Notice

Public reporting burden for this collection of information is estimated to vary from 1 to 90 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, 1320 Braddock Place, 5th floor, Alexandria, VA 22314, ATTN: PRA. Do not return the completed form to this address. Instead, follow the instructions provided by your FNS representative. 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.