



## Online Store Application (OSA) for SNAP\*

For new applications, select from the following options:

[Start New Application →](#)

[Continue Saved Application →](#)

For submitted applications, select from the following options:

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

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

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

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

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## Online Store Application (OSA) for SNAP\*

For new applications, select from the following options:

[Start New Application](#)
  
[Continue Saved Application](#)

For submitted applications, select from the following options:

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

### Check Status of Previously Submitted Application

Thank You for submitting an application for your store to accept Supplemental Nutrition Assistance Program benefits. Our records indicate that you electronically submitted the applications listed below. To check on the status of an application, please click the File# Number below:

File# Number	Store Name	Street Number/Name	City	Date Submitted
0618978	ABC Store	10 Willow Street	Reston	01/11/2018
0618970	Test	141 Eden St	Herndon	01/09/2018
0618963	Mahes Test Store	5182 Fery Dawn Ct	Centerville	12/29/2017
0618956	Test	I.A.	A	12/27/2017
0618950	Test Ownership	5182 Fery Dawn Ct	Centerville	12/27/2017
0618903	Utl_test	6137 Sedge	Fairfax	12/27/2017
0618952	Bar Getting Store	1881 Campus Commons Drive	Reston	12/26/2017
0618951	Bar getting store name	1881 Campus Commons Drive	Reston	12/26/2017
0618948	Pioneer Supermarket	289 Columbus Ave	New York	12/26/2017
0618924	Test Osa - Required Fields	5182 Fery Dawn Ct	Centerville	12/07/2017
0618910	Osa_market_cover Letter	5182 Fery Dawn Ct	Centerville	12/06/2017
0618909	Osa-store_cover letter	5182 Fery Dawn Ct	Centerville	12/06/2017
0618907	Bar getting	4101 W Gandy Blvd	Tampa	12/05/2017
0618907	Test Store	10 Maple Ave	Reston	11/28/2017
0618896	Test Farmers Market	10 Pine Rd	Reston	11/28/2017
0618880	Test Osa Store	1 Maple Street	Reston	11/28/2017
0618864	Test Store - Osa	1672 Parkwood Cir	Reston	11/28/2017
0618728	Bar getting store name	1881 Campus Commons Dr	Reston	11/08/2017

### Upload Documents or View/Print Cover Letter, Certification and Signature Statement and 2025 Form

\* You may print a Document Cover Letter, Certification & Signature Statement and 2025 Form for an application that you already submitted. The Document Cover Letter is pre-populated with basic information about your application and includes a summary of all supporting documentation required including the Document Cover Letter when you have supporting documents entered that we are able to match your documents to your application. **Failure to include a Document Cover Letter if you mail your supporting documents may delay the processing of your application.**

\* To print a Document Cover Letter, Certification and Signature Statement or 2025 Form please click on the respective link from the list of submitted applications below.

\* The 2025 Form will only be available to print for applications submitted in the current month and previous month.

\* Acrobat Reader is required to view PDF

File# Number	Store Name	Street Number/Name	City	Date Submitted	Documents
0618978	Xyz Store	10 Willow Street	Reston	01/11/2018	2025 Form Cover Letter Certification Statement
0618970	Test	141 Eden St	Herndon	01/09/2018	2025 Form Cover Letter Certification Statement
0618963	Mahes Test Store	5182 Fery Dawn Ct	Centerville	12/29/2017	2025 Form Cover Letter Certification Statement Upload Documents
0618956	Test	I.A.	A	12/27/2017	2025 Form Cover Letter Certification Statement Upload Documents
0618950	Test Ownership	5182 Fery Dawn Ct	Centerville	12/27/2017	2025 Form Cover Letter Certification Statement Upload Documents
0618903	Utl_test	6137 Sedge	Fairfax	12/27/2017	2025 Form Cover Letter Certification Statement Upload Documents
0618952	Bar Getting Store	1881 Campus Commons Drive	Reston	12/26/2017	2025 Form Cover Letter Certification Statement Upload Documents
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0618948	Pioneer Supermarket	289 Columbus Ave	New York	12/26/2017	2025 Form Cover Letter Certification Statement
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\* Supplemental Nutrition Assistance Program (SNAP)



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## Select an application type to get started



● **Store Application**

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



● **Farmers' Market Application**

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

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

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## Select an application type to get started



Store Application

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Farmers' Market Application

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Privacy Act And Paperwork Reduction Notice

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Before You Begin

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## Before You Begin

Carefully review the following steps to complete the application process:

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

### Step #1:

1. **Gather the following information and documents before you start.**

- a. Date the market opened under the current ownership.
- b. Market's official name (the name you use on legal documents, such as leases, contracts, incorporation documents, etc.), mailing address, and address where the market is conducted (if different from the mailing address).
- c. Name, home address, social security number, and date of birth for a 'responsible official.' (You may have more than one Responsible Official).

**TIP:** The 'Responsible Official' is the person who accepts responsibility, on behalf of the market, for ensuring the market will adhere to applicable laws and FNS regulations, policies, and other guidance; and who will be held accountable in the event the market does not do so. Responsible officials may be an owner, board member, market manager, or person operating in a similar position of authority.

- d. Actual sales data from your store's most recent IRS business tax return, if it has been open under current ownership longer than one year. If not, an estimate of the store's annual sales.
  - e. The market's operating schedule (i.e., months of the year it is open, days of the week it is open, and hours of day it is open).
  - f. Business licenses held by the market, if any.
2. **Answer the online application questions.** Click the "Start Application" button below to begin.
- a. Use the "Help" link in the upper right-hand corner of the page to get help on any page in the application.
  - b. Use the links on the left-hand side of each page to return to any section you already worked on.
3. **Review your application for accuracy.** Correct any mistakes before you submit your application.
4. **View and print your application.** Print an official copy of your application to keep for your records.
5. **Submit your application online, following the instructions provided.**

### Step #2:

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

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

Start Application



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## Acknowledgement Agreement

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

Details

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

Details

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

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

PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

Accept  Decline

Name of the person completing the application:

First Name:

Middle Name:

Last Name:

Title:

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# 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)(ii), 26 U.S.C. 6109(f)];
- Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in denial of this application;
- The Food and Nutrition Service may provide you with an additional statement reflecting any additional uses of the information furnished on this form.

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

**Details**

- We may disclose information to the Department of Justice (DOJ), a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in litigation and it has been determined that the use of such information is relevant and necessary and the disclosure is compatible with the purpose for which the information was collected;
- In the event that the information in our system indicates a violation of the Food and Nutrition Act or any other Federal or State law whether civil or criminal or regulatory in nature, and whether arising by general statute, or by regulation, rule, or order issued pursuant thereto, we may disclose the information you give us to the appropriate agency, whether Federal or State, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
- We may use your information, including SSNs and EINs, to collect and report on delinquent debt and may disclose the information to other Federal and State agencies, as well as private collection agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offset and referral to the Department of Justice for litigation. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to verify the information reported by applicants and participating firms, and to assist in the administration and enforcement of the Food and Nutrition Act as well as other Federal and State laws. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies 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.

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

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

**PRIVACY ACT AND PAPERWORK REDUCTION NOTICE**

Public reporting burden for this collection of information is estimated to vary from 1 to 60 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.

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.

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 the person completing the application

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### Basic Information

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

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

Market name

If different from your Market name, what is the Legal Business Name for your market? What is this?

Market Number: What is this?

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

Street Number:

Street Name:

Additional Address Line:

City:

State:

Zip Code:

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

Yes  No

Street Number:

Street Name:

Additional Address Line:

City:

State:

Zip Code:

Country

Market Telephone Number: What is this?

Alternate Telephone Number: What is this?

Email Address: What is this?

Confirm Email Address:

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Accountability Information

In this section, provide information that is necessary to monitor program integrity, such as information regarding the Responsible Official(s) and/or the ownership type for the market to your firm legally organized as a nonprofit entity?

• Yes  No

• Yes  No

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

Corporation Name:

Street Number: (Street Name/PO Box Office Bldg)

Additional Address Line:

City: State: Zip Code:

Country: United States of America

Enter personal information for each Responsible Official, director or board member of record. Enter the name exactly as it appears on social security card.

PERSON 1

First Name: Middle Name: Last Name:

Street Number: Street Name:

Additional Address Line:

City: State: Zip Code:

Country: United States of America

Social Security Number: Date of Birth:

Title: Email Address:

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

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

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

• Yes  No

If Yes, provide an explanation:

30000 characters remaining

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

• Yes  No

If Yes, provide an explanation:

30000 characters remaining

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

• Yes  No

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

• Yes  No

If Yes, provide an explanation:

30000 characters remaining

Has any Responsible Official, officer, owner, partner, and/or member ever been disqualified from seeking assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (IPV) or fraud?

• Yes  No

If Yes, provide an explanation:

30000 characters remaining

Does any Responsible Official, officer, owner, partner, and/or member currently own any other SNAP authorized store (fresh or frozen, Farmers' Markets, etc.)?

• Yes  No

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

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

• Yes  No

If Yes, provide an explanation:

30000 characters remaining

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### Accountability Information

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

Is your firm legally organized as a nonprofit entity?

Yes  No

What is the market's ownership type? Pick the option that best describes your market.

Government Owned

Enter the name and address of the responsible Government Agency:

Corporation Name:

Street Number:  Street Name (or Post Office Box):

Additional Address Line:

City:  State:  Zip Code:

Country:

#### Contact person information

First Name:  Middle Name:  Last Name:

Telephone Number:  Email Address:

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

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

Yes  No

If Yes, provide an explanation:

500/500 characters remaining

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

Yes  No

If Yes, provide an explanation:

500/500 characters remaining

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

Yes  No

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

Yes  No

If No, provide an explanation:

500/500 characters remaining

Has any Responsible Official, officer, owner, partner, and/or member ever been disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (IPV) or fraud?

Yes  No

If Yes, provide an explanation:

500/500 characters remaining

Does any Responsible Official, officer, owner, partner and/or member currently own any other SNAP authorized stores (such as Store, Farmers' Market, etc.)?

Yes  No

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

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

Yes  No

If Yes, provide an explanation:

500/500 characters remaining

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## Sales Information

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

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

Yes  No

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

Yes  No

Do you sell gasoline?

Yes  No

### Total Retail Sales

Select estimated or actual retail sales. If your market 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 market. If your market has been open under your ownership for less than one year, you must provide estimated sales.

Retail sales are:

Estimated  Actual

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

Total Retail Sales:

Round to nearest dollar. Do not enter a cents or dollar sign. Enter a positive number less than 999,999,999,999.  
Example: 250,000

\$  .00

Tax year:

Select One

Enter the total retail sales percentage for each sales category for products you sell at this market 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 market 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.)	<input type="text"/> %
Accessory Foods (Examples: chips, candy, snack foods, soft drinks, condiments, etc.)	<input type="text"/> %
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	<input type="text"/> %
Cold Foods Prepared on Site (Only include items intended for immediate consumption or carry out. Examples: sandwiches, fresh salads, salad bars, etc.)	<input type="text"/> %
Nonfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.)	<input type="text"/> %
<b>Total Sales Percentage (total must equal 100%)</b>	<b>0%</b>

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Yes  No

**Do you sell gasoline?**

Yes  No

### Total Retail Sales

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Retail sales are:

Estimated  Actual

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

**Total Retail Sales:**

Round to nearest dollar. Do not enter a cents or dollar sign. Enter a positive number less than 999,999,999,999.  
**Example: 250,000**

\$

Yearly  Weekly  Monthly  Daily

Enter the total retail sales percentage for each sales category for products you sell at this market 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 market 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.)	<input type="text" value=""/> %
Accessory Foods (Examples: chips, candy, snack foods, soft drinks, condiments, etc.)	<input type="text" value=""/> %
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	<input type="text" value=""/> %
Cold Foods Prepared on Site (Only include items intended for immediate consumption or carry out. Examples: sandwiches, fresh salads, salad bars, etc.)	<input type="text" value=""/> %
Nonfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.)	<input type="text" value=""/> %
<b>Total Sales Percentage (total must equal 100%)</b>	<b>0%</b>

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## Inventory Information

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

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

Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.):

Indicate the number of varieties in the Dairy products staple food category (Examples: soy milk, butter, yogurt, infant formula, etc.):

Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.):

Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.):

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

Do you have at least three stocking units of each variety in the Breads and/or Cereals category (Examples: 3 bags of rice, 3 boxes of pasta, etc.)?

 Yes  No

Do you have at least three stocking units of each variety in the Dairy products category (Examples: 3 cartons of soy milk, 3 cans of infant formula, etc.)?

 Yes  No

Do you have at least three stocking units of each variety in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, etc.)?

 Yes  No

Do you have at least three stocking units of each variety in the Vegetables and/or Fruits category (Examples: 3 apples, 3 cans of peaches, etc.)?

 Yes  No

**Answer the following questions regarding perishable foods that you have currently and on a continuous basis in your market.**

Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)?

 Yes  No

Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's milk, refrigerated butter, etc.)?

 Yes  No

Do you have at least one variety of perishable foods in the Meat, Poultry, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)?

 Yes  No

Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)?

 Yes  No

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Select Application Type

Before You Begin

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## Inventory Information

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

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

Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.):

Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.):

Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.):

Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.):

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

Do you have at least three stocking units of each variety in the Breads and/or Cereals category (Examples: 3 bags of rice, 3 boxes of pasta, etc.)?

 Yes  No

Do you have at least three stocking units of each variety in the Dairy products category (Examples: 3 cartons of soymilk, 3 cans of infant formula, etc.)?

 Yes  No

Do you have at least three stocking units of each variety in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, etc.)?

 Yes  No

Do you have at least three stocking units of each variety in the Vegetables and/or Fruits category (Examples: 3 apples, 3 cans of peaches, etc.)?

 Yes  No

**Answer the following questions regarding perishable foods that you have currently and on a continuous basis in your market.**

Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)?

 Yes  No

Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's milk, refrigerated butter, etc.)?

 Yes  No

Do you have at least one variety of perishable foods in the Meat, Poultry, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)?

 Yes  No

Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)?

 Yes  No

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## Supplemental Information

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

Are optical scanners used at this market?

Yes  No

Is the market open year round?

Yes  No

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

Yes  No

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

Financial Institution Name

Street Number:

Street Name:

Additional Address Line:

City:

State:

Select-One

Zip Code:

 - 

Country

United States of America

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

Equipment Provider Name

Equipment Provider Telephone Number:

 -  - 

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

Yes  No

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

Do you have additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know)?

Yes  No

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Supplemental Information
In this section, you will provide details regarding the market's operating schedule
Are optical scanners used at this market?
Is the market open year round?
Indicate which month(s) the market is open (mark all that apply):
Is the market open 7 days a week, 24 hours per day?
Is the market open the same hours every day (7 days a week)?

Example:
Monday 7:30 AM 9:30 AM
Caution: Please verify that you have selected the correct designation of AM or PM for your opening and closing times

Monday 10:00 AM 09:00 PM
Tuesday 10:00 AM 09:00 PM
Wednesday 10:00 AM 09:00 PM
Thursday 10:00 AM 09:00 PM
Friday 10:00 AM 09:00 PM
Saturday 10:00 AM 06:00 PM
Sunday HH:MM AM/PM HH:MM AM/PM

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

Financial Institution Name: ABC Bank
Street Number: 1 Street Name: Wall Street
Additional Address Line:
City: Reston State: VA Zip Code: 22201
Country: United States of America

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

Equipment Provider Name: EBT Provider Equipment Provider Telephone Number: 123 - 478 - 9238

Do you know the address for your Electronic Benefits Transfer (EBT) equipment provider?
Yes No

Street Number: 10 Street Name: chestnut street
Additional Address Line:
City: reston State: VA Zip Code: 22201
Country: United States of America

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

Do you have additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know)?
Yes No
If yes, enter information or comments in the space provided below:
775/775 characters remaining

Save and Continue Later

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Finalize Application

Print Page

## Review and Submit

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

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

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

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

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

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

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

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

Accept  Reject

[Submit Application](#)

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[Home](#)**Finalize Application**[Print Page](#)

## Documents to Submit

**Documents to Submit to USDA's Food and Nutrition Service:**

Your application was submitted and assigned **FNS Number - 0647265**. Please keep this number, as it is a permanent ID for the market.

**Your application is NOT considered complete until you submit your Supporting Documents to FNS.**

The Supporting Documents are:

1. Submit a signed 'Certification and Signature Statement' for each Responsible Official, owner, partner, and corporate officer. FNS does not accept typed or electronic signatures at this time; therefore, you must provide a written signature. You can view and print a Certification and Signature Statement by clicking the button below. (Acrobat Reader is required to view PDF)

[Print Required Certification and Signature Statement](#)

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

**Submit Documents Electronically**

Applicants who are unable to submit documents electronically have the option to mail the documents to:

USDA, Food and Nutrition Service  
PO BOX 7228 (USPS Only)  
Falls Church, VA 22040

If you are mailing your documents, please print a 'Document Cover Sheet'. The Document Cover Sheet includes basic information about the market, and is necessary so we can match your documents with your online application. You can view and print a Document Cover Sheet by clicking the button below. (Acrobat Reader is required to view PDF)

[Print Cover Sheet](#)

**IMPORTANT:** If you mail your documents, you **MUST** use the United States Postal Service (USPS), UPS, Federal Express, and other courier services will NOT deliver to a P.O. Box. Follow instructions on Cover Sheet for how to prepare and send your documents.

**Lastly, please note that the market is NOT approved to accept SNAP benefits until FNS makes a determination regarding its eligibility. In order to help determine the market's eligibility, an FNS employee or representative may visit the market. FNS will process a complete application and notify you of a decision in writing**

If you have questions, call: [\(877\) 823 - 4369](tel:877-823-4369)

[Logout](#)

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Finalize Application

## Upload and Submit Documents

FNS Number:0647265

Application Submitted Date: 11/28/2018

Test Market - 123

1881 Campus Commons Dr  
Reston, VA 20191

### Required Documents:

1. Signed Certification & Signature Statement for each responsible official, owner, partner, or corporate officer
2. Current Business License (one per application)
3. Color copy of Photo Identification for each responsible official, owner, partner, or corporate officer
4. Color copy of Social Security Number verification for each responsible official, owner, partner, or corporate officer

### Step 1-3: Upload Documents

Before you can upload, please scan and save each required document as a separate image, PDF file, or MS Word Document. **The name of the documents and the folder(s) containing the documents cannot have any special characters such as an apostrophe or any of the following: ~!@#%&\*()?'[]<>** in the title. Documents cannot be 0 megabytes (MB) or exceed 20 MB in size. For more information on how to upload documents, please refer to our Document Upload Frequently Asked Questions.

<b>Step 1: Select Document Type</b> <input type="text" value="Select-One"/>	<b>Step 2: Choose your Document</b> <input type="text"/> <input type="button" value="Browse..."/>
<b>Step 3: Upload Document</b> <input type="button" value="Upload"/> <input type="button" value="Cancel"/>	

### Step 4: Review and Submit Uploaded Documents

Refresh

No document has been uploaded.

### Submitted Documents:

Refresh

No document has been submitted.

You may return to home or logout of this page if you are finished uploading or submitting documents.

## Mail With Documents

Dear Farmers' Market Applicant:

You must include this cover letter with any documentation you mail to the Food and Nutrition Service to support your application to accept Supplemental Nutrition Assistance Program (SNAP) benefits. Failure to do so may result in a delay to your application.

This letter references your following FNS-252-FE electronic market application:

**FNS Number:0000000**

**Test Market 1234  
1234 Main Street  
Alexandria, VA 22032**

Phone Number: **(123) 456 - 7890**

You must submit the following documents to complete your application. Send them to the Food and Nutrition Service office handling your file at the address below.

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

To avoid processing delays:

- **Include a copy of this letter.**
- Submit all documents in one package
- Do not staple pages in the package together.
- Do not combine copies of documents on a single page.
- Do not send originals. Documents will not be returned.

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

**USDA, Food and Nutrition Service**

**PO BOX 7228 (USPS Only)  
Falls Church, VA 22040**

Phone: **(877) 823 - 4369**

Sincerely,

USDA, Food and Nutrition Service  
Supplemental Nutrition Assistance Program

# Electronic Application

## Mail With Documents

FNS Number: 0000000

**CERTIFICATION AND SIGNATURE** - By signing below, you are confirming your understanding of and agreement with the following:

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

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

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

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

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

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

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

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

## Keep For Your Records

Dear Farmers' Market Applicant:

You must include this cover letter with any documentation you mail to the Food and Nutrition Service to support your application to accept Supplemental Nutrition Assistance Program (SNAP) benefits. Failure to do so may result in a delay to your application.

This letter references your following FNS-252-FE electronic market application:

**FNS Number:0000000**

**Test Market 1234**

**1234 Main Street**

**Alexandria, VA 22032**

Phone Number: **(123) 456 - 7890**

You must submit the following documents to complete your application. Send them to the Food and Nutrition Service office handling your file at the address below.

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

To avoid processing delays:

- **Include a copy of this letter.**
- Submit all documents in one package
- Do not staple pages in the package together.
- Do not combine copies of documents on a single page.
- Do not send originals. Documents will not be returned.

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

**USDA, Food and Nutrition Service**

**PO BOX 7228 (USPS Only)**

**Falls Church, VA 22040**

Phone: **(877) 823 - 4369**

Sincerely,

USDA, Food and Nutrition Service

Supplemental Nutrition Assistance Program

# Electronic Application

## Keep For Your Records

FNS Number: 0000000

**CERTIFICATION AND SIGNATURE** - By signing below, you are confirming your understanding of and agreement with the following:

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

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

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

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

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

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

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

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

**1** When did or when will the store open for business under your ownership (MM/DD/YYYY):  
 11/28/2018

<b>2</b> Store Name: Test Market 1234	<b>3</b> Legal Business Name (if different from store name): Test Market Inc.	<b>4</b> Chain Store Number (if applicable):
--	--	--

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

Street Number: 1234	Street Name: Main Street	Additional Address (Bldg #, Unit #, Stall #, etc.):
City: Alexadria	State: VA	Zip Code: 22032

**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: ( 123 ) 456 - 7890	<b>8</b> Alternate Telephone Number: ( 555 ) 555 - 5555
--	--

**9** Owner or Store Email Address:  
 testemailaddress@testemailaddress.com

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

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

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

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

<input type="checkbox"/> Privately Held Corporation	<input type="checkbox"/> Sole Proprietorship	<input checked="" 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 to the next question.**

**12a** Corporation Name:  
 Test Market Inc.

**12b** Corporation Address:

Street Number: 1234	Street Name: Main Street	Additional Address (Bldg #, Unit #, Stall #, etc.):
City: Alexandria	State: VA	Zip Code: 22032
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: John		Middle Name: A		Last Name: Test	
Street Number: 1234	Street Name: Main Street			Additional Address (Bldg #, Unit #, Stall #, etc.):	
City: Alexandria		State: VA	Zip Code: 22032	If foreign address, add Country:	
Social Security Number: *****	Date of Birth: (MM/DD/YYYY) 07/18/1977	Business Title (i.e. owner, partner, etc.): Owner		Email Address: testemail@testemail.com	

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

First Name:		Middle Name:		Last Name:	
Street Number:	Street Name:			Additional Address (Bldg #, Unit #, Stall #, etc.):	
City:		State:	Zip Code:	If foreign address, add Country:	
Social Security Number:	Date of Birth: (MM/DD/YYYY)	Business Title (i.e. 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 (i.e. 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 (i.e. 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: \$500,000.00 in tax year 20 18

22b Estimated Retail Sales: \_\_\_\_\_ (check one) Day  Week  Month  Year

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

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

23 How many cash registers are at this store? 1

24 Are optical scanners used at this store?  Yes  No

25 Is this store open year round?  Yes  No

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

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

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

26a If No, indicate operating hours:

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

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

27a Financial Institution Name:

Test Bank

27b Financial Institution Mailing Address:

Street Number: 5555	Street Name: Main Street	Additional Address (Bldg #, Unit #, Stall #, etc.):	
City: Alexandria	State: VA	Zip Code: 22032	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:

www.testwebsiteaddress.com

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 can affect your ability to buy a home or car, get financial aid for college, or to get or keep a job.

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

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

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

X John Test  
Signature  
  
11/28/2018  
Date Signed

X John Test  
Print Name  
  
Owner  
Print Title

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