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Application questions will be tailored towards your selection below


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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 farmers-producers sell food products they produced (fruits, vegetables, meat, dairy, grains, etc.) directly to the general public, at a central or fixed location."

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Privacy Act And Paperwork Reduction Notice

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Carefully review the following steps to complete the application process

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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 market'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 market'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/retailerhelp> 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.

If you are a SNAP-eligible retailer who wants to add SNAP-EBT to your website, please do not complete the online application. Instead, follow the requirements listed on the SNAP Online Purchasing Pilot [website](#).

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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, ITIN, and EIN, is voluntary but failure to do so will result in withdrawal of store authorization to accept SNAP benefits;
- The Food and Nutrition Service may provide you with an additional statement reflecting any additional uses of the information furnished on this form.

Use And Disclosure - Routine Uses: We may use the information you give us in the following ways:

Details

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).

PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

Public reporting burden for this collection of information is estimated to vary from 1 to 30 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, 1325 Broadbent Place, 5th floor, Alexandria, VA 22314, ATTN: PPSA. 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

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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? *

MMDDYYYY

Required

Market Name*

Legal Business Name (if different from market name)

Market Number

Location Address

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

Street Number*

Street Name*

City*

State*

Is mailing address same as location address? *

Yes

No

Additional Address Line

e.g., Unit #, Stall #, Apt. #, etc.

Zip Code*

Zip+4

Contact Details

Market Telephone Number *

Alternate Telephone Number

Email Address*

Confirm Email Address*

The email where Responsible Official can be reached.

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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

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

Were any Responsible Officials, officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1995? *

Yes

No

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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 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 Internal Revenue Service (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

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

Answer the following questions regarding slope food variables that you have currently and on a continuous basis in your market. Based the number of variables for each slope food category if less than 10, based "No" if the number of variables for each slope food category is equal to or greater than 10.

Indicate the number of variables in the Bakery and/or Confectionery food category.
(Examples: cake, candy, flour, yeast, etc.) *

+

Indicate the number of variables in the Bakery products slope food category.
(Examples: muffins, butter, yogurt, wheat flour, etc.) *

+

Indicate the number of variables in the Meat, Poultry, and/or Fish slope food category.
(Examples: meat, pork, eggs, fish, etc.) *

+

Indicate the number of variables in the Vegetables and/or Fruits slope food category.
(Examples: apples, tomatoes, carrots, etc.) *

+

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

Do you have at least three stocking units of at least three variables in the Bakery and/or Confectionery category?
(Examples: 3 bags of rice, 3 boxes of pasta, 3 packages of bread, etc.) *

Yes

No

Do you have at least three stocking units of at least three variables in the Bakery products category?
(Examples: 3 varieties of muffins, 3 bags of wheat flour, 3 packages of chocolate, etc.) *

Yes

No

Do you have at least three stocking units of at least three variables in the Meat, Poultry, and/or Fish category?
(Examples: 3 cuts of beef, 3 varieties of eggs, 3 packages of ground beef, etc.) *

Yes

No

Do you have at least three stocking units of at least three variables in the Vegetables and/or Fruits category?
(Examples: 3 varieties, 3 types of potatoes, 3 packages of lettuce, etc.) *

Yes

No

Answer the following questions regarding particulate foods that you have currently and on a continuous basis in your store.

Do you have at least one variety of particulate foods in the Bakery and/or Confectionery category?
(Examples: instant, pasta, etc.) *

Yes

No

Do you have at least one variety of particulate foods in the Bakery products category?
(Examples: refrigerated ready-to-eat, self-generated bakery, etc.) *

Yes

No

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

Yes

No

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

Yes

No

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

Are retail customers used at this market? *

Yes

No

Is your market open year-round? *

Yes

No

Is your 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 ACH payment deposits.

Financial Institution Name *

Street Number *

Street Name *

Additional Address Line
ex. suite 300 apt. 8, etc.

City *

State *

Zip Code *

Phone *

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 Phone Number

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

Yes

No

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

Do you have additional information or comments you would like to provide to FWS about any special circumstances that FWS should know? *

Yes

No

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Review and Submit

Review and Submit

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

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

- 1 **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 \(PDF\)](#)

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

3. **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. 1021).

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

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Documents to Submit

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Documents to Submit to USDA's Food and Nutrition Service

Your application was submitted and assigned FNS Number - [REDACTED] 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 & Signature Statement" page for each Responsible Officer, owner, partner, and corporate officer. To do this click the "Print" button below and physically sign the page. Then, if necessary, scan the page to your computer. Return to this website and upload the page that you signed.
- [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 Officer, 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 Officer, 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 color 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.

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.

1. 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

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