

USDA Online Store Application

TEST

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Application Type

Before You Begin

Acknowledgement Agreement

Basic Information

Ownership Information

Sales Information

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Supplemental Information

Review and Submit

Application questions will be followed towards your selection below

Select an application type to get started *



Store Application



Farmers' Market Application

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

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Privacy Act And Paperwork Reduction Notice

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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:

- Gather the following information and documents before you start.
 - Date the store opened under the current ownership.
 - Corporate name and address if you are a private or public corporation or nonprofit organization.
 - Name, home address, social security number, and date of birth for all owners, partners, and officers of corporations or nonprofit organizations.
 - 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.
 - Store hours of operation.
 - Copies of Photo ID and Social Security Number verification for all owners, partners, and officers of corporations or nonprofit organizations.
 - Business license held by the store.
- Answer the online application questions. Click the "Start Application" button below to begin.
 - Use the "Help" icon in the upper right-hand corner of the page to get help on any page in the application.
 - Use the links on the left-hand side of each page to return to any section you already worked on.
- Review your application for accuracy. Correct any mistakes before you submit your application.
- View and print your application. Print an official copy of your application to keep for your records.
- Submit your application online, following the instructions provided.

Step #2:

- 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.
- After you submit your supporting documents to FNS, you can return to [this page](#) [the online acknowledgement](#) 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.

Do not use this form if you are applying as a restaurant. Click [Contact Us](#) to request further information.

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](#).

Start Application

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Privacy Act Statement - Authority Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2016), 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)(iv); 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 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th floor, Alexandria, VA 22314, ATTN: PRA. Do not return the completed form to this address. 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 basic store information. Use the Help feature if you have any questions. When asked to enter the store name for business enter your response.*

MS0001234567

Store Name*

Legal Business Name (if different from store name)

Chain Store Number

Location Address

What is your store's complete address? (do not enter PO box here)

Street Number*

Street Name*

Address Address Line

City*

State*

Zip Code*

Is a mailing address same as location address?*

Contact Details

Store Telephone Number

Alternate Telephone Number

Owner or Store Email Address*

Do you intend this application only for a website and not for a physical store?*

Store Type

Is your business any one of the following: a delivery route, food buying cooperative, farmers' market, farm stand/home-grown, or other specialty/wholesale, or a specialty food store that primarily sells one food type such as meat/deli/case, seafood, bread, or bakery/pastry?*

Does your business have a specific store type. If your business meets the definition of a [Specialty Store](#), enter this application, categorized as "Specialty", choose "Start New Application", and choose the Farmers' Market Application.

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Ownership Information

In this section, provide information on the type of ownership as well as the identity of each owner. You must provide information for all officers, owners, partners, and members, if the store is owned by one or more people, a nonprofit organization, or a private corporation. Click Help for more information about this question.

Is your firm legally organized as a nonprofit entity? *

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

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? *

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? *

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

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? *

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

Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1997? *

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Sales Information

In this section, you will specify the store sales information.

Do you sell products wholesale to other businesses such as hospitals or restaurants? *

Do you sell gasoline? *

Total Retail Sales

Select estimated or actual retail sales. If your store has been open under your ownership for more than one year, you must enter actual total retail sales from your most recent Internal Revenue Service (IRS) tax return for this store. If your store has been open under your ownership for less than one year, you must provide estimated sales.

Retail sales are:

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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 shape food variables and the depth of stock that you have currently and on a continuous basis in your store.

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

Indicate the number of variables in the Ready-to-eat Cereal shape food category.
(Examples: Rais, Quaker, Four p's, etc.)

Indicate the number of variables in the Dairy products shape food category.
(Examples: Ice cream, yogurt, etc.)

Indicate the number of variables in the Bread, Pastry, and Flatbread shape food category.
(Examples: Bread, rolls, etc.)

Indicate the number of variables in the Refrigerated and Frozen shape food category.
(Examples: Apples, peaches, etc.)

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

Do you have at least three stocking units of at least three variables in the Ready-to-eat Cereal category?
(Examples: 3 bags of Rais, 3 boxes of Quaker, 3 packages of Four p's)

☐ Yes ☐ No

Do you have at least three stocking units of at least three variables in the Dairy products category?
(Examples: 3 cartons of yogurt, 3 cartons of ice cream, 3 packages of Quaker)

☐ Yes ☐ No

Do you have at least three stocking units of at least three variables in the Bread, Pastry, and Flatbread category?
(Examples: 3 loaves of Rais, 3 cartons of Quaker, 3 packages of Quaker)

☐ Yes ☐ No

Do you have at least three stocking units of at least three variables in the Refrigerated and Frozen category?
(Examples: 3 boxes of Apples, 3 boxes of Peaches, 3 packages of Apples)

☐ 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 Ready-to-eat Cereal category?
(Examples: Rais, etc.)

☐ Yes ☐ No

Do you have at least one variety of particulate foods in the Dairy products category?
(Examples: Refrigerated ice cream, self-serve yogurt, etc.)

☐ Yes ☐ No

Do you have at least one variety of particulate foods in the Bread, Pastry, and Flatbread category?
(Examples: Rais, eggs, frozen cinnamon rolls, etc.)

☐ Yes ☐ No

Do you have at least one variety of particulate foods in the Refrigerated and Frozen category?
(Examples: Rais, apples, frozen peaches, etc.)

☐ Yes ☐ No

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In this section, you will specify your store's operational information based on this store location.

How many credit regions are at your store? *

Are optical receipts used at this store? *

☐ Yes ☐ No

Is your store open year-round? *

☐ Yes ☐ No

Is your store 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: Unit A, Box A, Apt. A, etc.

City *

State *

Zip Code *

Zip4 *

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 store.

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 store website, provide the website address.

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

☐ Yes ☐ No

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

[Submit Application](#)

Legend