

USDA

Online Store Application

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TEST

Application Type

Before You Begin

Acknowledgement Agreement

Basic Information

Ownership Information

Sales Information

Inventory Information

Supplemental Information

Review and Submit

Application questions will be followed towards your selection below

Print Page

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:

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

- a. Date the store opened under the current ownership.
- b. Corporate name and address if you are a private or public corporation or nonprofit organization.
- c. Name, home address, social security number, and date of birth for all owners, partners, and officers of corporations or nonprofit organizations.
- 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. Store hours of operation.
- f. Copies of Photo ID and Social Security Number verification for all owners, partners, and officers of corporations or nonprofit organizations.
- g. Business license held by the store.

2. Answer the online application questions. Click the "Start Application" button below to begin.

- a. Use the "Help" icon 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 [this page](#) [the online application](#) 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 you click either the "Go Back" or "Next" button, your responses will be saved.

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*

Zip

Is mailing address same as location address? *

Yes

No

Contact Details

Store Telephone Number

Alternate Telephone Number

Owner or Store Email Address*

Operator Email Address*

Are you submitting this application only for a website and not for a physical store? *

Yes

No

Store Type

Is your business any one of the following: a delivery route, food trucking operation, 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, seafood, bread, or baked/pastry? *

Select "Web" if your business is a special store type. If your business meets the definition of a "Special Store," please "Select Store Application" and choose the "Special Store" application.

Yes

No

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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? *

Yes

No

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? *

Yes

No

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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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? *

Yes

No

Do you sell gasoline? *

Yes

No

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:

Estimated

Actual

Back

Save and Continue Later

Next

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

Answer the following questions regarding staple food variables that you have currently and on a continuous basis in your store. 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 variables in the Brands and/or Carriers brand category (Brands: tea, soda, beer, etc; carriers: air, ...)		+
Indicate the number of variables in the Dairy products brand category (Brands: margarine, butter, yogurt, flavored milk, etc.)		+
Indicate the number of variables in the Meat, Poultry, and/or Fish shape food category (Brands: beef, pork, eggs, tuna, etc.)		+
Indicate the number of variables in the Vegetables and/or Fruits shape food category (Brands: potato, tomato, peach, carrot, etc.)		+

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

Do you have at least three drinking units of at least three varieties in the Bread, Pasta and French category? (Bread: 3 types of rolls, 3 types of cakes, 3 packages of bread, etc.)	☐ Yes ☐ No ☐ NA
Do you have at least three drinking units of at least three varieties in the Dairy products category? (Bread: 3 varieties of yogurt, 3 types of instant formula, 3 packages of cheese, etc.)	☐ Yes ☐ No ☐ NA
Do you have at least three drinking units of at least three varieties in the Meat, Poultry and Fish category? (Bread: 3 types of lunch, 3 varieties of eggs, 3 packages of ground beef, etc.)	☐ Yes ☐ No ☐ NA
Do you have at least three drinking units of at least three varieties in the Vegetables and Fruit category? (Bread: 3 varieties, 3 varieties of potatoes, 3 packages of alfalfa, etc.)	☐ Yes ☐ No ☐ NA

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

Do you have at least one variety of parrotfish foods in the Bicolor and/or Grouper category? (Bicolor: trout, snail, sea urchin)	☐ Yes ☐ No ☐ NA
Do you have at least one variety of parrotfish foods in the Baby parrotfish category? (Bicolor: integrated sea urchin, integrated snail)	☐ Yes ☐ No ☐ NA
Do you have at least one variety of parrotfish foods in the Blue, Purple, and/or Pink category? (Bicolor: trout, eggs, trout, chicken)	☐ Yes ☐ No ☐ NA
Do you have at least one variety of parrotfish foods in the Magenta and/or Purple category? (Bicolor: trout, eggs, trout, chicken)	☐ Yes ☐ No ☐ NA

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

How many cash registers are at your store? ²

Are optical scanners 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 SNAP payment deposits:

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

Equipment Provider Name	Equipment Provider Telephone Number		

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

○ ○ ○ ○

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

☐ Yes ☐ No

0-0-0

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Review and Submit

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

 [Print Page](#)

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 menus 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 \$16,000 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

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Documents to Submit

 Print Page

Documents to Submit to USDA's Food and Nutrition Service

Your application was submitted and assigned FNI Number: [REDACTED] Please keep this number, as it is a permanent ID for the store.

You are NOT approved to accept SNAP benefits until FKS makes a determination regarding your eligibility.

FtD will process an application once it's complete and notify you of a decision in writing. In order to help determine your eligibility, an FtD employee or representative may visit your store.

In order to complete your application, you must submit supporting documentation as follows:

1. Submit a signed "Certification & Signature Statement" page for each 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 at least one current business license in your name. [Click here](#) for examples

3. Submit a color copy of Photo Identification for each owner, partner, and corporate officer. Copy each identification card in color on a separate page. [Click here](#) for examples

4. Submit a color copy of social Security Number verification for each owner, partner, and corporate officer. Copy each identification in color on a separate page. [Click here](#) for examples.

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 cover sheet includes basic information about your store name and address. You must print and submit any documents to FWS with a cover sheet in order for us to match your documents with your application. ([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.

If you have questions, call: (877) 823-4369

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