Expiration Date: XX/XX/20XX











Help

SNAP Online Reauthorization Application Log In

If you recently received a letter from the Food and Nutrition Service telling you that your store(s) are due for reauthorization, use the Reauthorization Customer Number and Password displayed in the letter to log in and complete your reauthorization application.

If you did not receive a letter, your store is not yet due for reauthorization. Please exit now.

If you have questions, call 1-877-823-4369 Or click Help, above.

-			0.010	
10	100	10.40		
Passw	ord:			
_				
		-		
7	ogin			

Password Instruction: Password is case sensitive. Enter it exactly as given in the letter.

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Help Contact Us Logout

SM94 2CVV JSU1

Documents & Eligibility

Acknowledgement Agreement

You have only 6 days remaining for submitting the Reauthorization data.

You Are Here: Documents and Eligibility

Print Screen

Documents and Eligibility

Online Reauthorization Application Process:

Carefully review the following steps to complete the online reauthorization application process:

- 1. Fill out your online reauthorization application. Start by clicking the NEXT button below.
 - Use the HELP link above, to get help for each page in the application.
 - Use the links on the left hand side of each page to return to any section you already worked on.
- View and print a copy of your reauthorization application to keep for your records.
- 3. Submit your reauthorization application online, by the due date stated in the letter from FNS.
- If your updates include new owners or location address, supporting documents will be required. Instructions on submitting supporting documents will be displayed at the time you submit the reauthorization application.

Time-Saving Tips:

Have the following documents available to save time filling out the application:

- Location address and current phone number for each store.
- · A list of the full names of current owners or, if the store is owned by a corporation, the officers. If the store is in a community property state, you will need information on spouses.
- Home address, social security number, and date of birth for all owners, partners, corporate officers, and in community property states, spouses.
- Actual sales data from your most recent IRS business tax return.
- Know the percentage of your sales from staple foods, snack or accessory foods, and all non-food items you sell.

If you exit the online reauthorization application before you complete and submit applications for all the stores listed, the data you entered will be saved for up to 30 days from your first log-in. You may log-in again to complete and submit your applications. Applications for all stores listed must be submitted at once.

To start your reauthorization application, click NEXT button below.

Next

Print Screen

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PRIVACY ACT STATEMENT - Authority: Section of the food and furnish act of 2009, as memodad, (7 U.S.C. 3019), asstern 305(-07)(07) of the Social Security Act (42 U.S.C. 495(-07)(-07)) and section \$109(f) of the Internal Newtone Code of 1996 (26 U.S.C. 490(-07)), authorises collection of the information on this application.

- speciation.

 Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Programs.

 Additional disolation of the information may be made to other Food and Nutrition Service programs and to other Federal, State or Social agencies and investigative authorities when the Supplemental Nutrition 2000, as explained in the Interest Consolation (Interest Consolation) in the Interest Consolation Interest Consolation (Interest Consolation) in the Interest Consolation (Interest Consolation) in

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

- E AND DISCLOSIME Reading Users: We may use the information you give us in the following ways:
 We may disclose information to the Department of Justice (DOI), a court or other tribunal, or another party
 ide may disclose information is relevant and necessary and the disclosure is compatible
 with the purpose for which the information is relevant and necessary and the disclosure is compatible
 with the purpose for which the information was collected;
 which the purpose for which the information was collected;
 which is purposed to which the information was collected;
 which is purposed to which the information is collected;
 which is purposed to the information of the road and function, act or any
 their Federal or Dista less whether only or incrinial or regulator, in nature, and whether animal by general
 statute, or by regulation, rule, or order issued purposed the information you give
 statute, or by mighting the information or inspection or the production or charged with enforcing or implementing the statute, or rule, regulation or
 proseculing such violation or charged and of State agencies as well as provised collection agencies, and
 we may use your information, including SSBs and Elike, to collect and report on delinquent debt and may
 disclose the information to other feel and of State agencies, as well as provised collection agencies and
 in the desired of the relevant agencies authorized to possible and Elike, and
 in they be disclosed for feeling agencies authorized to possible and Elike or
 in the production of the prod

- 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
- We may adolbed information (secluding Ethe and State) to private entirets shaving confidences agreement purposes:

 We may disclose informations to the information of the purpose of the

PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

Public reporting burden for this collection of information is estimated to vary from 1 to 11 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data exceeds, and completing and reviewing the collection of information. An appear, may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a sponsor, and a person is not required to respond to, a collection of information unless it displays a temperature of the collection of information unless it displays as the collection of information unless it displays as the collection of information unless it displays as the collection of information unless individual to the collection of information unless it displays to the collection of information unless that the collection of information unless it displays to the collection of information unless that the collection of information unless its displays to the collection of information unless that the collecti

To file a complaint of Discrimination, write to the USDA, Director, Office of Adjudication, 1400 Indep Ave, SW, Washington, DC 20250-9410. Do not send the completed application form to this address.

CERTIFICATION AND SIGNATURE - By signing the application for reauthorization you are confirming your understanding of and agreement with the following:

- CERTIFICATION AND SIGNATURE By approxy the application for resultorization you are confirming your understanding of and agreement with the following:

 I am an owner of this firm; or am authorized to represent the firm regarding this reauthorization. I have provided to the food in the food of the provide state of the provide state of the food and further and provided to the Food of the provide state information and provide state of the provide state information to accept Supplemental Nutrition Assistance Program (DNAs) benefits may be withdrawn all provide may be verified and shared by the UDA as described in the Privacy Act and tile and Disclosure statement.

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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 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. 2012).

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.

Name of person completing this application for reauth	orization:
First	
Middle	
Last	
Title Select One	
Phone Number where you can be reached: Example: SSS-SSS-SSSS ©	
Owner or Store Email Address:	
Confirm Email Address:	



Expiration Date: XX/XX/20XX











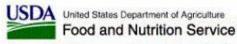
Print Screen

You have only 6 days remaining for submitting the Reauthorization data. You Are Here: Basic Store Information Print Screen SM94 2CVV JSU1 Basic Store Information Documents & Eligibility Store Name: PINE PEACE MINI MART (What is this?)
Store Number: NONE Acknowledgement Agreement Is this store still open for business? ● Yes ○ No Basic Information Is this the current store location? ● Yes O No If No, enter the current store location address (do not enter P.O. Box here) ▶ Ownership Information - Part 1 Street Number: Street Name: Ownership Information - Part 2 Additional Address: ▶ Sales Information City: State: Virgin Islands ▶ Inventory Information Zip Code: Enter the current store telephone number: Review & Submit Example: 555-555-5555 😲 Is your store open 7 days a week, 24 hours per day? Oyes

No Is your store open the same hours every day (7 days a week)? ○Yes

No Indicate your store hours and days of operation: Example: Monday 7:30 8:30 MAM O PM O AM PM Closed Open Monday OAM OPM OAM OPM Tuesday OAM OPM OAM OPM Wednesday OAM OPM OAM OPM Thursday OAM OPM OAM OPM Friday OAM OPM OAM OPM Saturday OAM OPM OAM OPM Sunday OAM OPM OAM OPM

Next Save and Continue Later



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Help

Contact Us Logout

SM94 2CVV JSU1

- Documents & Eligibility
- Acknowledgement Agreement

Store Data

- Basic Information
- Ownership Information - Part 1
- ▶ Ownership Information - Part 2
- Sales Information
- ▶ Inventory Information

Complete Application

Review & Submit

You have only 6 days remaining for submitting the Reauthorization data.

You Are Here: Ownership Information - Part 1

Print Screen

Ownership Information

Store Name: PINE PEACE MINI MART

Store Number: NONE

FNS records show the following persons are primary owners or officers of a private corporation that owns the store. In community property states, the spouse of an owner or officer is also listed. (Community property states are AZ, CA, ID, LA, NM, NV, TX, WA, WI).

Click here if no person is listed below.

Is each person listed still an owner/officer/spouse? Check Yes or No for each person.

First	Middle	Last Name	YES	NO
ENAD		SHALHOUT	~	
+ Add Another Owner	community pr information at	ny new primary owners, offi operty states) that are not li bout this question. (If this is do not add any persons.)	sted here. See HELP	for more
Next Save and Cont	inue Later		6	Print Screen

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SM94 2CVV JSU1

- Documents & Eligibility
- ▶ Acknowledgement Agreement

- ▶ Basic Information
- Ownership Information - Part 1
- ▶ Ownership Information - Part 2
- ▶ Sales Information
- ▶ Inventory Information

Review & Submit

You have only 6 days remaining for submitting the Reauthorization data.

You Are Here: Ownership Information - Part 1

Print Screen

Ownership Information

Store Name: PINE PEACE MINI MART

Store Number: NONE

FNS records show the following persons are primary owners or officers of a private corporation that owns the store. In community property states, the spouse of an owner or officer is also listed. (Community property states are AZ, CA, ID, LA, NM, NV, TX, WA, WI).

Click here if no person is listed below.

Is each person listed still an owner/officer/spouse? Check Yes or No for each person.

First	Middle	Last Name	YES	NO
ENAD		SHALHOUT	~	

+ Add Another Owner

Click to Add any new primary owners, officers and/or their spouses (in community property states) that are not listed here. See HELP for more information about this question. (If this is a publicly-held or governmentowned entity, do not add any persons.)

Enter name exactly as it appears on Social Security card. Do not enter a person listed above.

Middle Name:	Last Name:
Street Name:	
Init#, Stall#, etc.):	
State:	Zip Code:
Select One	
•	
Date of Birth: Enter in mmddyyyy format. Example: 01231976	Title: Select One
	Street Name: Unit#, Stall#, etc.): State: Select One Date of Birth: Enter in mmddyyyy format.

+ Add Another Owner

Next

Save and Continue Later

Print Screen

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SM94 2CVV JSU1

- Documents & Eligibility
- Acknowledgement Agreement

- ▶ Basic Information
- Ownership
 Information Part 1
- Ownership Information Part 2
- ▶ Sales Information
- ▶ Inventory Information

Complete Application

▶ Review & Submit

You have only 6 days remaining for submitting the Reauthorization data.

You Are Here: Ownership Information - Part 2

Print Screen

Print Screen

Ownership Information

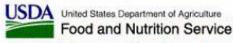
Answer the following to complete ownership information. These questions apply to all owners, officers, and/or spouses.

First	Middle	Last Name	
ENAD		SHALHOUT	
license denied, v violations (i.e. S	owner, partner, member, and/o vithdrawn or suspended, or bee upplemental Nutrition Assistanc I, tobacco, lottery, or health lice	n fined for license e Program (SNAP), WIC,	● Yes ○ No
If Yes, provide	an explanation:		
		^	
		~	
ever been suspe	wner, partner, member, and/or inded or debarred from conduct my program administered by th	ting business with or	● Yes ○ No
If Yes, provide	an explanation:		
		^	
		~	
was administrative and the			
Is any officer, or benefits?	wner, partner, and/or member	currently receiving SNAP	● Yes ○ No
If Yes, and the the owner, partr to their SNAP ca	store is already operating unde er, and/or member reported th seworker?	r this ownership, have is income from the store	○Yes ● No
If No, provide a	n explanation:		
		^	
		~	
Has any officer, from receiving S violation (IPV) o	owner, partner and/or member NAP benefits as a recipient for r fraud?	ever been disqualified an intentional program	● Yes ○ No
If Yes, provide	an explanation:		
		^	
		~	
Does any officer	, owner, partner, and/or memb orized stores?	er currently own any	● Yes ○ No
other SNAP auth	, owner, partner, and/or memb orized stores? ny currently authorized SNAP st		● Yes ○ No
other SNAP auth	orized stores? ny currently authorized SNAP st owner, partner, member, and/	tores do you own?	● Yes ○ No
If Yes, how man	orized stores? ny currently authorized SNAP st owner, partner, member, and/ lune 1, 1999?	tores do you own?	
If Yes, how man Was any officer, any crime after	orized stores? ny currently authorized SNAP st owner, partner, member, and/ lune 1, 1999?	tores do you own?	
If Yes, how man Was any officer, any crime after	orized stores? ny currently authorized SNAP st owner, partner, member, and/ lune 1, 1999?	tores do you own?	

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Help

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SM94 2CVV JSU1

- Documents & Eligibility
- ▶ Acknowledgement Agreement

- ▶ Basic Information
- ▶ Ownership Information - Part 1
- ▶ Ownership Information - Part 2
 - Sales Information
- ▶ Inventory Information

Review & Submit

You have only 6 days remaining for submitting the Reauthorization data.

You Are Here: Sales Information

Print Screen

Sales Information

Store Name: PINE PEACE MINI MART

Store Number: NONE

Number of cash registers at your store :

Total Retail Sales : (What is this?)

Enter the actual total retail sales, as reported to IRS, from all products sold at this location. Include all food and non-food sales, for all forms of payment (cash, credit/debit, EBT). Round to nearest dollar, do not enter cents or dollar sign:

Š .00

Example: Enter \$250,000.30 as 250000

Tax Year:

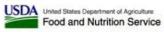
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Next Save and Continue Later

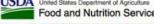


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OMB APPROVED NO. 0584-0008 Form FNS-252-R Expiration Date: XX/XX/20XX





JSU1		
3501	You Are Here: Inventory Information Inventory Information	Print Scr
s &	10430-00 × 0000-00 × 1000	
gement	Store Name: PINE PEACE MINI MART Store Number: NONE	
	Do you stock at least three different items in each of these food categories? Inc	clude fresh,
	frozen, canned, packaged. Click Help for more information on this question. Example: Milk, cheese, and yogurt are three different types of dairy items. Whole milk, ski	im milk, and
on	chocolate milk are not different types of dairy items.	
	Breads/Grains Example: bread, cereal, pasta, rice, flour, etc.	● Yes ○ No
	Dairy Example: milk, butter, cheese, yogurt, infant formula, etc.	● Yes ○ No
	Fruits/Vegetables (fresh, canned/packaged, or frozen) Example: frozen corn, dried beans, applesauce, canned peas, bananas, 100% juice, etc.	● Yes ○ No
	Meat/Poultry/Fish (fresh, canned, refrigerated, frozen) Example: Canned meats and fish, ground beef, deli meats, bacon, frozen chicken, eggs,	● Yes ○ No
	etc.	
	What percent of your total retail sales comes from these food categories?	96
	Do you stock fresh, frozen or refrigerated foods in at least two of these	● Yes ○ No
	categories?	
	Do you sell "other" foods, such as snack foods, soft drinks, or condiments?	● Yes ○ No
	If Yes, what percent of your total retail sales comes from these items?	%
	Do you sell non-food items or food that is hot at the time the customer pays	● Yes ○ No
	for it? If Yes, check the items you carry::	- 163 - NO
	☐ Tobacco Products ☐ Alcohol	
	☐ Lottery ☐ Gasoline	
	Hot foods Other (What is this?)	
	If Yes, what percent of your total retail sales comes from these non-food and hot food items?	%
	Total	96
	What is the Name and Address of the company that provides your EBT equipmen	nt and
	services?	
	EBT Company Name:	
	-	
	EBT Company Address: Street Number: Street Name:	
	Additional Address:	
	City: State: Zip Code:	

Expiration Date: XX/XX/20XX





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SM94 2CVV JSU1

- ▶ Documents & Eligibility
- Acknowledgement Agreement

- ▶ Basic Information
- ▶ Ownership Information - Part 1
- Ownership Information - Part 2
- Sales Information
- ▶ Inventory Information

Review & Submit

You have only 6 days remaining for submitting the Reauthorization data.

You Are Here: Review and Submit



Review and Submit

Before you submit your update for reauthorization, review the application for accuracy, by clicking the store address to see the data you entered, or click the Review App link for each store to view/save/print your application.

Once you are confident the information is complete and accurate;

- Click Accept to accept the Penalty Warning Statement then;
- Click Submit to finalize submission of your SNAP Application for Reauthorization for Stores (FNS-252-R)

Number of Store Locations: 1

Store Name/Store Number	Address	Status	Action
PINE PEACE MINI MART / NONE	6MB ENIGHED, SAINT JOHN, VI 00830	Complete	Review App

By submitting this application for reauthorization you are affirming that you have read, understand, and agree with the conditions of participation in the Acknowledgement Agreement and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program.

You are an owner/officer or authorized to complete the application for the store.

- · To view, print, and/or save the completed store reauthorization application you will need to have a copy of Adobe Acrobat Reader. This software is free.
- If you need a copy of this software click the icon



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).

O Accept O Decline

Read the above warnings carefully. Once you are ready to submit your electronic application for reauthorization, click Accept to acknowledge you understand these warnings, then click Submit button. If the application is successfully submitted, a confirmation message will display more information about your reauthorization for SNAP.

Submit





Expiration Date: XX/XX/20XX











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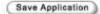
SM94 2CVV JSU1

You Are Here: Confirmation



Confirmation

Thank you for submitting reauthorization application for PINE PEACE MINI MART at 6MB ENIGHED SAINT JOHN, VI 00830 , under Reauthorization Customer Number: SM94 2CVV JSU1



Save the final SNAP Application for Reauthorization for Stores (FNS-252-R) for your records!

FNS may be in touch with you to follow-up on the information you reported in your application(s). Your store(s) may be visited by FNS or a contracted reviewer.

Click here to view and print another copy of the Privacy Act Statement, Use and Disclosure Statement, Penalty Warning Statement, and Certification and Signature Statement.

It is your responsibility to ensure that you and your employees know and follow the SNAP rules and regulations. Violations of SNAP program regulations can result in loss of your authorization to accept SNAP EBT. SNAP regulations and retailer training materials are available online, at www.fns.usda.gov/snap/retailers/store-training.htm.

Changes in the ownership, location, or name of business; civil or criminal convictions of owners or loss of other business licenses; owners suspended/debarred from any program administered by the Federal Government may void your SNAP permit. Failure to report such changes immediately to USDA may result in substantial fines and administrative sanctions,

If you have further questions, please call the SNAP Retailer Service Center at 1-877-823-4369 .

Print a copy of this page for reference before you log out. You will not be able to return to this page after you log out.

You may logout .

Print Screen

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Form FNS-252-R

US Department of Agriculture Food and Nutrition Service

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM REAUTHORIZATION APPLICATION FOR STORES

OMB APPROVED NO. 0584-0008 Expiration Date: XX/XX/20XX

R	eauthorization Customer Number: SM94 2CVV JSU1		
1	Store Name: PINE PEACE MINI MART	1a Is this store still open for business? x Yes No	
2	Store Operations: 2a Is this the current store location? If No, enter current store location address.	🗴 Yes 🗌 No	
	Store Location Address (do not enter P.O. Box here): Street Number: Street Name:	Additional Address (Bldg #, Unit #, Stall #, etc.):	
	City:	State: Zip Code:	
	2b Owner or Store Email Address:		_
	2c Enter the current store telephone number: (876) 566 - 5458		_
	<u> </u>		_
	2d Store Hours and Days of Operation:		
	Is this store open 7 days a week, 24 hours per day? Yes No If No, indicate operating hours:		
		Select AM or PM	
	Monday:		
	Tuesday:	ПП	
	Wednesday:		
	Thursday:		
	Friday:		
	Saturday:		
	Sunday:		
3	How many cash registers are at this store? 3		
4	Total Retail Sales. Enter the actual total retail sales, as reported to IRS, from all product	s sold at this location. Include all food and non-food sales, fo	r
	all forms of payment. (Round sales to nearest dollar. Do not enter cents.)		
	Tax Year: 20 1 3 Total Retail Sales: \$, 9 9, 9 9 00		
5	Do you stock at least three different items in each of these food categories? Include fresh, f	ozen, canned, packaged. See instructions for more information	١.
	Breads/Grains (Examples: bread, cereal, pasta, rice, flour, etc.)	x Yes No	
	Dairy (Examples: milk, butter, cheese, yogurt, infant formula, etc		
	Fruits/Vegetables (Examples: frozen corn, dried beans, applesauce, canned		
	Meat/Poultry/Fish (Examples: canned meats and fish, ground beef, deli meat	s, bacon, frozen chicken, eggs, etc.) Yes No	
	5a What percent of your total retail sales comes from these food categories?	100 %	
	5b Do you stock fresh, frozen or refrigerated foods in at least two of these categories?	Yes X No	
6	Do you sell "other" foods, such as snack foods, soft drinks, or condiments?	Yes X No	
	6a If Yes, what percent of your total retail sales comes from these items?	0 %	
7	Do you sell non-food items or food that is hot at the time the customer pays for it?	Yes X No	
	7a If Yes, check the items you carry:	tery gasoline hot food other	
	7b If Yes, what percent of your total retail sales comes from these non-food and hot foo	d items?	
		e sum of the three percentage figures above (5a, 6a, and 7b ast equal 100%)
			_

FNS-252-R (07-14) Previous Edition Obsolete

SBU

Electronic Form Version Designed in Adobe 10.0 Version

2014-07-14 09:12:09 EDT

Bb I you answered Yes to Question 8a, enter information for up to two additional owners/officers/spouses here. Make a copy of this page if you enter additional owner/officers/spouses here. Make a copy of this page if you enter additional owner/officers/spouses here. Make a copy of this page if you enter additional owner/officers/spouses here. Make a copy of this page if you enter additional owner/officers/spouses here. Make a copy of this page if you enter additional owner/officers/spouses here. Make a copy of this page if you enter additional owner/officers/spouses here. Make a copy of this page if you enter additional owner/officers/spouses here. Make a copy of this page if you enter additional owner/officers/spouses here. Make a copy of this page if you held corporation or government agency. Do not enter information for persons listed above. (1) Print name exactly as it appears on the social security card: State:	(community property states, ls each person listed still ar	the spouse of an own	er or officer is a	also listed. (Comm	nunity property s	•			
Sa Are there any primary owners/officers, or their spouses (in community property states), that are not listed here? If Yes, go to 8b to enter information about these persons. See instructions for more information about this question. Bit If you answerd Yes to Question 88, enter information for up to two additional owner/officer/spouses here. Make a copy of this page if you enter additional owner/officer/spouses here. Make a copy of this page if yo enter additional owner/officer/spouses here. Make a copy of this page if yo enter additional owner/officer/spouses here. Make a copy of this page if yo enter additional or poersons instead above. (1) Print name exactly as it appears on the social security card: First Name: Street Number: Street Number: Date of Birth/(MMDD/YYYY) Business Title(i.e owner.partner,spouse,etc.): Email Address: Additional Address (Bidg #, Unit #, Stall: City: Social Security Number: Date of Birth/(MMDD/YYYYY) Business Title(i.e owner.partner,spouse,etc.): Email Address: Additional Address (Bidg #, Unit #, Stall: City: Social Security Number: Date of Birth/(MMDD/YYYYY) Business Title(i.e owner.partner,spouse,etc.): Email Address: Additional Address (Bidg #, Unit #, Stall: State: Zip Code: If foreign address, add Cour Social Security Number: Date of Birth/(MMDD/YYYYY) Business Title(i.e owner.partner,spouse,etc.): Email Address: Additional Address (Bidg #, Unit #, Stall: State: Zip Code: If foreign address, add Cour Social Security Number: Date of Birth/(MMDD/YYYYY) Business Title(i.e owner.partner,spouse,etc.): Email Address: Yes Social Security Number: Date of Birth/(MMDD/YYYYY) Business Title(i.e owner.partner,spouse,etc.): Email Address: Additional Address (Bidg #, Unit #, Stall: State: Zip Code: If foreign address, add Cour Social Security Number: Date of Birth/(MMDD/YYYYY) Business Title(i.e owner.partner,spouse,etc.): Email Address: Yes Social Security Number: Date of Birth/(MMDD/YYYYYY) Business Title(i.e owner.partner,spouse,etc.): E		ENAD SHALHOUT		x Yes	No				Yes	☐ No
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9j Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores? Yes Yes	9	9i If Yes, provide an explar 9j Does any officer, owner	nation: , partner, and/or memb	per currently ow	vn any other SNA			cipient for		X No

	er, owner, partner, memberovide an explanation:	er, and/or manager convicted c	of any crime after June 1, 199	9?	Yes X No
11 What is the Na	ame and Address of the co	ompany that provides your EB	T equipment and services?		
Super EBT 123 Common S Springfield, VA	St.		.,,		
12 If you have ac	dditional information or con	nments you would like to provi	de to FNS (such as any Store	e name chang	e, updated mailing address, new
	nail address for each owne				ould know, etc.) please provide
Assistance Prog provided or info	gram benefits if you provid		le information we ask you to	give us. In add	
Certification Sta	tements, and agree to co	he conditions of participation omply with all statutory and ram. I am an owner/officer o	regulatory requirements as	sociated with	
Print name:	Explorer		McCoy	Business	title: Other Authorized Representative
	First Name	Middle Name	Last Name		(owner, officer, manager, etc.)
Signature: Explo	orer McCoy		Date: 07/	14/14	(_123_) _499 1239
					Phone number where you can be reached

KEEP THIS PAGE FOR YOUR RECORDS

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

- Information is collected primarily for use by 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)(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 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;

- 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. 55 2a(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.

KEEP THIS PAGE FOR YOUR RECORDS

CERTIFICATION AND SIGNATURE - By signing the application for reauthorization you are confirming your understanding of and agreement with the following:

- I am an owner of this firm; or am authorized to represent the firm regarding this reauthorization.
- 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 authorization to accept Supplemental Nutrition Assistance Program (SNAP) benefits may be 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.
- SNAP training materials are available on request from the Food and Nutrition Service. Owners/Officers must 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 SNAP regulations.
- Violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Supplemental Nutrition Assistance Program; Violations of the Supplemental Nutrition Assistance Program rules can also result in Federal. State and/or local criminal prosecution and sanctions.
- Owners/Officers are responsible 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 withdrawn if the firm violates any laws or regulations issued by Federal, State or local agencies, including civil
 rights laws and their implementing regulations;
- · Changes in the firm's ownership, address, type of business and operation must be reported to the Food and Nutrition Service.

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.