



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

For new applications, select from the following options:

[Start New Application →](#)

[Continue Saved Application →](#)

For submitted applications, select from the following options:

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

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

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

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



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## Select an application type to get started



● Store Application

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



● Farmers' Market Application

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

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

► Privacy Act And Paperwork Reduction Notice

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## Select an application type to get started



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



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

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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.

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## Before You Begin

Carefully review the following steps to complete the application process:

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

### Step #1:

- 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, officers of corporations or nonprofit organizations, and in community property states, spouses.
  - Actual sales data from the store's your 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, Social Security Cards for owner(s), and, in community property states, spouses.
  - Business license held by the store.
- Answer the online application questions.** Click the "Start Application" button below to begin.
  - Use the "Help" link 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 <https://www.fns.usda.gov/snap> to check the status of your online application.

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

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

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Before You Begin

Acknowledgement Agreement

## Acknowledgement Agreement

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

[Details](#)

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

[Details](#)

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

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

[PRIVACY ACT AND PAPERWORK REDUCTION NOTICE](#)

Accept  Decline

Name of the person completing the application:

First Name:

Middle Name:

Last Name:

Title:

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## Acknowledgement Agreement

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

- Details**
- Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program.
  - Additional disclosure of this information may be made to other Food and Nutrition Service programs and to other Federal, State or local agencies and investigative authorities when the Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act of 2008, as explained in the next section called "Use and Disclosure".
  - Section 278.1(b) of the Supplemental Nutrition Assistance Program regulations provides for the collection of the owners' Social Security Number (SSN), Employee Identification Number (EIN) and tax information.
  - The use and disclosure of SSNs and EINs obtained by applicants is covered in the Social Security Act and the Internal Revenue Code. In accordance with the Social Security Act and the Internal Revenue Code, applicant social security numbers and employer identification numbers may be disclosed only to other Federal agencies authorized to have access to social security numbers and employer identification numbers and maintain these numbers in their files, and only when the Secretary of Agriculture determines that disclosure would assist in verifying and matching such information against information maintained by such other agency (42 U.S.C. 405(c)(2)(C)(ii); 26 U.S.C. 6109(f)).
  - Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in denial of this application.
  - The Food and Nutrition Service may provide you with an additional statement reflecting any additional uses of the information furnished on this form.

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

- Details**
- We may disclose information to the Department of Justice (DOJ), a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in litigation and it has been determined that the use of such information is relevant and necessary and the disclosure is compatible with the purpose for which the information was collected.
  - In the event that the information in our system indicates a violation of the Food and Nutrition Act or any other Federal or State law whether civil or criminal or regulatory in nature, and whether arising by general statute, or by regulation, rule, or order issued pursuant thereto, we may disclose the information you give us to the appropriate agency, whether Federal or State, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
  - We may use your information, including SSNs and EINs, to collect and report on delinquent debt and may disclose the information to other Federal and State agencies, as well as private collection agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offset and referral to the Department of Justice for litigation. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information).
  - We may disclose information to other Federal and State agencies to verify the information reported by applicants and participating firms, and to assist in the administration and enforcement of the Food and Nutrition Act as well as other Federal and State laws. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information).
  - We may disclose information to other Federal and State agencies 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 \$500 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. 1796), for purposes of administering that Act and the regulations issued under that Act;
  - Disclosures pursuant to 5 U.S.C. 552(a)(b)(12). We may disclose information to "consumer reporting agencies" as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Debt Collection Act of 1982 (31 U.S.C. 3711(d)(4));
  - We may disclose information to the public when a retailer has been disqualified or otherwise sanctioned for violations of the Program after the time for administrative and judicial appeals has expired. This information is limited to the name and address of the store, the owner(s) name(s) and information about the sanction itself. The purpose of such disclosure is to assist in the administration and enforcement of the Food and Nutrition Act and Supplemental Nutrition Assistance Program regulations.

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

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

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Accept  Decline

**Name of the person completing the application:**

First Name:	Middle Name:	Last Name:
<input type="text" value="John"/>	<input type="text" value="D"/>	<input type="text" value="Smith"/>

Title:

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## Basic Information

In this section, provide basic store information. Use the Help feature if you have any questions.

When did or when will the store open for business under your ownership?

Store Name

If different from your official store name, what name is your store doing business as? [What is this?](#)

Chain Store Number: [What is this?](#)

What is your store's location address? (do not enter PO Box here)

Street Number:

Street Name:

Additional Address Line:

City:

State:

Zip Code:

 - 

Is the store's mailing address the same as the store's location address?

Yes  No

Store Telephone Number:

 -  - 

Alternate Telephone Number: [What is this?](#)

 -  - 

Owner or Store Email Address:

Confirm Email Address:

Is your business a delivery route, food buying cooperative, farm stand/stall/u-pick, military commissary/exchange or a specialty food store that primarily sells one food type such as meat/poultry, seafood, bread, or fruits/vegetables?

Yes  No

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Street Number:

Street Name:

Additional Address Line:

City:

State:

Zip Code:

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Yes  No

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Country

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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. In community property states (AZ, CA, ID, LA, NM, NV, TX, WA, and WI) spousal information must be entered for each person listed. 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 Responsible Officials, 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, 1999?

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...

Is your firm legally organized as a nonprofit entity?

Yes No

What is the ownership type of this store?

Publicly Owned Corporation

If you have an Employer Identification number(EIN) enter it here: What is this?

12 3456789

Enter the name and address of the parent corporate office:

Corporation Name: Test Corporation
Street Number: 1 Street Name(or Post Office Box): Pine Drive
Additional Address Line:
City: Reston State: VA Zip Code: 22201
Country: United States of America

Contact person information

First Name: Mike Middle Name: J Last Name: Scott
Telephone Number: 123 - 456 - 7890 Email Address: test@test.com

Answer the following questions for all Responsible Officials, 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

If Yes, provide an explanation:

test
496/500 characters remaining

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

If Yes, provide an explanation:

test
496/500 characters remaining

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

Yes No

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

Yes No

If No, provide an explanation:

test
496/500 characters remaining

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

If Yes, provide an explanation:

test
496/500 characters remaining

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

Yes No

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

0

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

Yes No

If Yes, provide an explanation:

test
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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 have or are you applying for a restaurant license for your store?

Yes  No

### Total Retail Sales

Enter your estimated or actual retail sales for a one year period in the following table. If you do not sell a particular category of products place a "0" in the appropriate sales column cell.

Select "Actual" or "Estimated" sales below and indicate the tax year corresponding to your sales figures. If your store reported the amount of sales it made in the last tax year to the Internal Revenue Service (IRS), you must enter actual sales. If your store did not report sales to the IRS for the last tax year, enter your best good-faith estimate of the sales you expect to take place at your store in the next full tax year.

Retail sales are:  Estimated  Actual

Tax year:

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

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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 your retail food sales meet or exceed \$250,000 or 50% of your total gross sales?

Yes  No

Do you have or are you applying for a restaurant license for your store?

Yes  No

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Retail sales are:  Estimated  Actual

Tax year:

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

Sales Category	Sales
Gasoline	\$ 100,000 .00
Lottery	\$ 50,000 .00
Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.)	\$ 22,000 .00
Alcohol (Examples: wine, beer, liquor, etc.)	\$ 12,000 .00
Other Nonfood (Examples: soap, paper, pet food, etc.)	\$ 10,000 .00
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	\$ 55,000 .00
Cold Prepared Foods (Examples: sandwiches, salads, etc.)	\$ 86,000 .00
Accessory Foods (Examples: ice cream, potato chips, soda pop, doughnuts, etc.)	\$ 12,000 .00
Staple Foods (Examples: rice, milk, beef, apples, etc.)	\$ 11,000 .00
<b>Total Sales</b>	<b>\$358,000</b>

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### Inventory Information

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

**Answer the following questions regarding staple food varieties 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 varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.)

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

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

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

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

Do you have at least three stocking units of each variety in the Breads and/or Cereals category (Examples: 3 bags of rice, 3 boxes of pasta, etc.)?  Yes  No

Do you have at least three stocking units of each variety in the Dairy products category (Examples: 3 cartons of soymilk, 3 cans of infant formula, etc.)?  Yes  No

Do you have at least three stocking units of each variety in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, etc.)?  Yes  No

Do you have at least three stocking units of each variety in the Vegetables and/or Fruits category (Examples: 3 apples, 3 cans of peaches, etc.)?  Yes  No

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

Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)?  Yes  No

Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's milk, refrigerated butter, etc.)?  Yes  No

Do you have at least one variety of perishable foods in the Meat, Poultry, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)?  Yes  No

Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)?  Yes  No

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## Supplemental Information

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

How many cash registers are at your store?

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.

Financial Institution Name

Street Number:

Street Name:

Additional Address Line:

City:

State:

Zip Code:

 - 

Country

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.

If you have additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know), please provide the information here:

775/775 characters remaining

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Supplemental Information

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

How many cash registers are at your store?

10

Are optical scanners used at this store?

Yes No

Is your store open year round?

Yes No

Indicate which month(s) you are open (mark all that apply).

Jan Feb Mar April May June July Aug Sep Oct Nov Dec

Is your store open 7 days a week, 24 hours per day?

Yes No

Is your store open the same hours every day (7 days a week)?

Yes No

Indicate your store hours and days of operation (See Example below)

Table with columns for Day, Start Time, AM/PM, End Time, AM/PM. Rows include Monday through Sunday with input fields for times and AM/PM selection.

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

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

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

Equipment Provider Name: EBT Provider Xerox Equipment Provider Telephone Number: 123 - 456 - 7890

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

Yes No

Street Number: 1 Street Name: Willow Drive
Additional Address Line:
City: Reston State: VA Zip Code: 22201
Country: United States of America

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

www.OSAStoreTest.com

If you have additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know), please provide the information here:

Additional Comments Test
751775 characters remaining

Save and Continue Later

Back

Next



Home

Select Application Type

Before You Begin

Acknowledgement Agreement

Basic Information

Ownership Information

Sales Information

Inventory Information

Supplemental Information

Review and Submit

Finalize Application

Print Page

## Review and Submit

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

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

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. 1001).

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

Accept  Reject

[Submit Application](#)

[← Back](#)



Home

Finalize Application

Print Page

## Documents to Submit

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

Your application was submitted and assigned **FNS Number - 0553977**. Please keep this number, as it is a permanent ID for the store.

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

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

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

1. Print and sign a 'Certification and Signature Statement'. FNS does not accept typed or electronic signatures at this time; therefore, you must provide a written signature. (Acrobat Reader is required to view PDF)

[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 all owners, partners, corporate officers and if it is a community property state, spouses. [Copy each identification card in color on a separate page.](#) [Click here](#) for examples.

4. Submit a color copy of the Social Security Number for all owners, partners, corporate officers, and if it is a community property state, spouses. [Copy each identification card 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 FNS 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**

[Logout](#)

May 19, 2017

## Mail With Documents

Dear Retailer:

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

This letter references your following FNS-252E electronic store application:

**FNS Number: 0553977**

**Test Osa Store # 123**

**1 Maple Street**

**Reston, VA 22201**

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

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

- Certification and Signature Statement.
- Copy of at least one of your current licenses to do business at the store location listed above.
- Clearly legible, color copy of photo identification for all owners partners corporate officers shareholders. If this is a community property state, also submit copy of photo identification for spouses. Copy each identification card in color on a separate page.
- Clearly legible, color copy of the Social Security number card for all owners partners, corporate officers, shareholders. If this is a community property state, also submit copy for spouses. Copy each SSN card in color on a separate page.

To avoid processing delays:

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

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

**USDA, Food and Nutrition Service**

**PO BOX 7228 (USPS Only)**

**Falls Church, VA 22040**

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

Sincerely,

USDA, Food and Nutrition Service

Supplemental Nutrition Assistance Program

# Electronic Application

FNS Number: **0553977**

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

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

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

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

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

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

Fri May 19 18:23:35 EDT 2017

May 19, 2017

## Keep For Your Records

Dear Retailer:

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- Clearly legible, color copy of the Social Security number card for all owners partners, corporate officers, shareholders. If this is a community property state, also submit copy for spouses. Copy each SSN card in color on a separate page.

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

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USDA, Food and Nutrition Service

Supplemental Nutrition Assistance Program

# Electronic Application

## Mail With Documents

FNS Number: **0553977**

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- By my signature below, I release my tax records to the Food and Nutrition Service;
- I will receive Supplemental Nutrition Assistance Program training materials upon authorization. It is my responsibility to ensure that the training materials are reviewed by all firm's owners and all employees (whether paid or unpaid, new, full-time or part-time); and that all employees will follow Supplemental Nutrition Assistance Program regulations. If I do not receive these materials I must contact the Food and Nutrition Service to request them;
- I am aware that violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Supplemental Nutrition Assistance Program; I am aware that violations of the Supplemental Nutrition Assistance Program rules can also result in Federal, State and/or local criminal prosecution and sanctions;
- I accept responsibility on behalf of the firm for violations of the Supplemental Nutrition Assistance Program regulations, including those committed by any of the firm's employees, paid or unpaid, new, full-time or part-time. These include violations such as, but not limited to:
  - Trading cash for Supplemental Nutrition Assistance Program benefits (i.e. trafficking);
  - Accepting Supplemental Nutrition Assistance Program benefits as payment for ineligible items;
  - Accepting Supplemental Nutrition Assistance Program benefits as payment on credit accounts or loans;
  - Knowingly accepting Supplemental Nutrition Assistance Program benefits from people not authorized to use them;
- Disqualification from the WIC Program may result in Supplemental Nutrition Assistance Program disqualification and a disqualification from the Supplemental Nutrition Assistance Program may result in WIC Program disqualification;
- In accordance with Federal law and U.S. Department of Agriculture policy, no customer may be discriminated against on the grounds of race, color, national origin, sex, age, religion, political beliefs, or disability. Supplemental Nutrition Assistance Program customers must be treated in the same manner as non-Supplemental Nutrition Assistance Program customers;
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X \_\_\_\_\_  
Signature

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

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

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

Fri May 19 18:23:35 EDT 2017

# Electronic Application

## Keep For Your Records

FNS Number: **0553977**

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  - Knowingly accepting Supplemental Nutrition Assistance Program benefits from people not authorized to use them;
- Disqualification from the WIC Program may result in Supplemental Nutrition Assistance Program disqualification and a disqualification from the Supplemental Nutrition Assistance Program may result in WIC Program disqualification;
- In accordance with Federal law and U.S. Department of Agriculture policy, no customer may be discriminated against on the grounds of race, color, national origin, sex, age, religion, political beliefs, or disability. Supplemental Nutrition Assistance Program customers must be treated in the same manner as non-Supplemental Nutrition Assistance Program customers;
- Participation can be denied or withdrawn if my firm violates any laws or regulations issued by Federal, State or local agencies, including civil rights laws and their implementing regulations;
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X \_\_\_\_\_  
Signature

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

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

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

Fri May 19 18:23:35 EDT 2017

Form <b>FNS-252</b> US Department of Agriculture Food and Nutrition Service	<b>SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM          APPLICATION FOR STORES</b>	OMB APPROVED No. 0584-0008 Expiration Date: XX/XX/20XX
---	--	---

**1** When did or when will the store open for business under your ownership (MM/DD/YYYY):  
 01 / 01 / 2000

**2** Store Name:  
 Test Osa Store

<b>3</b> Doing Business As (if different from store name): Alt. Store Name	<b>4</b> Chain Store Number (if applicable): 123
---	---

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

Street Number: 1	Street Name: Maple St.	Additional Address (Bldg #, Unit #, Stall #, etc.): Apt. B	
City: Reston	State: VA	Zip Code: 22201	

**6** Store Mailing Address:  
 (Skip if your mailing address is the same as your store location. If you have a PO Box address, enter it in the street name field):

Street Number:	Street Name:	Additional Address (Bldg #, Unit #, Stall #, etc.):		
City:	State:	Zip Code:	If foreign address, add Country:	

<b>7</b> Store Telephone Number: ( 123 ) 456 - 7890	<b>8</b> Alternate Telephone Number: ( 987 ) 654 - 3210
--	--

**9** Owner or Store Email Address: JSmith@test.com

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

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

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

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

Privately Held Corporation  
  Sole Proprietorship  
  Limited Liability Company  
  Nonprofit Organization  
 Publicly Owned Corporation  
  Partnership  
  Government Owned

**11a** Is your firm legally organized as a nonprofit entity?  Yes  No

**11b** If yes, does your firm have 501(c)(3) nonprofit tax-exempt status?  Yes  No

**12** Corporation or Government Agency Information: If privately held corporation, nonprofit organization, or limited liability company, enter the name and address of your corporation as on record with the State. If government owned, enter the name and address of the responsible government agency. If publicly owned corporation, enter the name and address of the parent corporate office. **All others skip to the next question.**

**12a** Corporation Name:

**12b** Corporation Address:

Street Number:	Street Name:	Additional Address (Bldg #, Unit #, Stall #, etc.):		
City:	State:	Zip Code:	If foreign address, add Country:	

**12c** If publicly owned or government owned, enter a contact person:

First Name:	Middle Name:	Last Name:
Telephone Number: (     )     -	Email Address:	

**13** If you have an Employer Identification Number (EIN) enter it here: \*\* - \*\*\*\*\*

**14** Owner/Officer Information: Enter the name and home address of **all** officers, owners, partners, and members. In community property states (AZ, CA, ID, LA, NM, NV, TX, WA, and WI) spousal information must be entered for each person listed. **If this is a publicly owned corporation or government owned store, skip to question 15.** See instructions for more information about this question.

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

First Name: Hsgrfshfg	Middle Name: G	Last Name: Ghdfgshf
Street Number: 623546	Street Name: Shjdsfhg	Additional Address (Bldg #, Unit #, Stall #, etc.):
City: Centrevile	State: VA	Zip Code: 20120
Social Security Number: *** - ** - ****	Date of Birth: (MM/DD/YYYY) 09 / 09 / 1989	Business Title (i.e. owner, partner, spouse, etc.): Partner
		Email Address: mahe.balraj@gmail.com

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

First Name: Ytsyfsyd	Middle Name:	Last Name: Gdhdfhdsfg
Street Number: 26352645	Street Name: Sbdfsdhfb sdf	Additional Address (Bldg #, Unit #, Stall #, etc.):
City: Sfshdfvsbfs	State: VA	Zip Code: 20120 - 2374
Social Security Number: *** - ** - ****	Date of Birth: (MM/DD/YYYY) 09 / 09 / 1989	Business Title (i.e. owner, partner, spouse, etc.): Partner
		Email Address: mahe.balraj@gmail.com

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

First Name:	Middle Name:	Last Name:
Street Number:	Street Name:	Additional Address (Bldg #, Unit #, Stall #, etc.):
City:	State:	Zip Code:
Social Security Number: - -	Date of Birth: (MM/DD/YYYY) / /	Business Title (i.e. owner, partner, spouse, etc.):
		Email Address:

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

First Name:	Middle Name:	Last Name:
Street Number:	Street Name:	Additional Address (Bldg #, Unit #, Stall #, etc.):
City:	State:	Zip Code:
Social Security Number: - -	Date of Birth: (MM/DD/YYYY) / /	Business Title (i.e. owner, partner, spouse, etc.):
		Email Address:

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

**15a** Has any officer, owner, partner, member and/or manager ever been denied, withdrawn, disqualified, suspended, or been fined for Supplemental Nutrition Assistance Program (SNAP), WIC, business, alcohol, tobacco, lottery and/or health violations?  Yes  No

**15b** If Yes, provide an explanation:

**15c** Has any officer, owner, partner, member and/or manager currently or ever been suspended or debarred from conducting business with or participating in any program administered by the Federal Government?  Yes  No

**15d** If Yes, provide an explanation:

**15e** Is any officer, owner, partner, and/or member currently receiving assistance through the Supplemental Nutrition Assistance Program?  Yes  No

**15f** If Yes, has the officer, owner, partner, and/or member reported this store ownership to their SNAP caseworker?  Yes  No

**15g** If No, provide an explanation:

**15h** Has any officer, owner, partner and/or member ever been disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (IPV) or fraud?  Yes  No

15i If Yes, provide an explanation:

15j Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores?  Yes  No

15k If Yes, how many currently authorized stores do you own?

16 Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1999?  Yes  No

16a If Yes, provide an explanation

17 Do you sell products wholesale to other businesses such as hospitals or restaurants?  Yes  No

17a. If Yes, do your retail food sales meet or exceed \$250,000 or 50% of your total gross sales?  Yes  No

18 Do you have or are you applying for a restaurant license for your store?  Yes  No

19 Answer 19 a,b,c and d regarding staple food varieties that you have currently and on a continuous basis in your store. Enter the number of varieties for each staple food category if less than 10. Check "10+" if the number of varieties for each staple food category is equal to or greater than 10.

19a. Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.) that you have currently and on a continuous basis in your store: 3 OR  10+

19b. Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.) that you have currently and on a continuous basis in your store: \_\_\_\_\_ OR  10+

19c. Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.) that you have currently and on a continuous basis in your store: 7 OR  10+

19d. Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.) that you have currently and on a continuous basis in your store: \_\_\_\_\_ OR  10+

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

20a. Do you have at least three stocking units of each variety in the Breads and/or Cereals category (Examples: 3 bags of rice, 3 boxes of pasta, etc.)?  Yes  No

20b. Do you have at least three stocking units of each variety in the Dairy products category (Examples: 3 cartons of soymilk, 3 cans of infant formula, etc.)?  Yes  No

20c. Do you have at least three stocking units of each variety in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, etc.)?  Yes  No

20d. Do you have at least three stocking units of each variety in the Vegetables and/or Fruits category (Examples: 3 apples, 3 cans of peaches, etc.)?  Yes  No

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

21a. Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)  Yes  No

21b. Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's milk, refrigerated butter, etc.)  Yes  No

21c. Do you have at least one variety of perishable foods in the Meat, Poultry, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)  Yes  No

21d. Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)  Yes  No

22 Enter your estimated or actual retail sales for a one year period in the following table. If you do not sell a particular category of products place a "0" in the appropriate sales column cell.

Select "Actual" or "Estimated" sales below and indicate the tax year corresponding to your sales figures. If your store reported the amount of sales it made in the last tax year to the Internal Revenue Service (IRS), you must enter actual sales. If your store did not report sales to the IRS for the last tax year, enter your best good-faith estimate of the sales you expect to take place at your store in the next full tax year.

Estimated Sales  -or- Actual Sales  Entered sales figures correspond to tax year 20 15

Sales Category	Sales
Gasoline	\$ 3,745,643,765.00
Lottery	\$ 8,235,875.00
Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.)	\$ 87,588.00
Alcohol (Examples: wine, beer, liquor, etc.)	\$ 2,000.00
Other Nonfood (Examples: soap, paper, pet food, etc.)	\$ 25,000.00
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	\$ 10,000.00
Cold Prepared Foods (Examples: sandwiches, salads, etc.)	\$ 12,150.00
Accessory Foods (Examples: ice cream, potato chips, soda pop, doughnuts, etc.)	\$ 10,000.00
Staple Foods (Examples: rice, milk, beef, apples, etc.)	\$ 43,000.00
<b>Total Sales</b>	<b>\$ 3,754,069,378.00</b>

- 23 How many cash registers are at this store? 10
- 24 Are optical scanners used at this store?  Yes  No
- 25 Is this store open year round?  Yes  No

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

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

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

26a If No, indicate operating hours:

	Opening Time	Select AM or PM	Closing Time	Select AM or PM
Monday:	<u>7:30</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>10:30</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Tuesday:	<u>7:30</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>10:30</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Wednesday:	<u>7:30</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>10:30</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Thursday:	<u>7:30</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>10:30</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Friday:	<u>7:30</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>10:30</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Saturday:	<u>7:30</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>10:30</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Sunday:	<u>7:30</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>10:30</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

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

Financial Institution Name: Bank Name

Financial Institution Mailing Address:

Street Number:

1

Street Name:

test

Additional Address (Bldg #, Unit #, Stall #, etc.):

test

City:

Test

State:

VA

Zip Code:

22201

If foreign address, add Country:

- 28 If known, provide the name, phone number, and mailing address of the Electronic Benefits Transfer (EBT) equipment provider for your store:

Equipment Provider Name:

Equipment Provider Phone Number: ( ) -

Equipment Provider Mailing Address:

Street Number:

2

Street Name:

Walnut Drive

Additional Address (Bldg #, Unit #, Stall #, etc.):

City:

Arlington

State:

VA

Zip Code:

22201

If foreign address, add Country:

- 29 Do you have a website for your store? If yes, provide website address:

www.TestCornerStore.com

- 30 If you have any additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know), please provide the information here:

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

- Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;
- Additional disclosure of this information may be made to other Food and Nutrition Service programs and to other Federal, State or local agencies and investigative authorities when the Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act of 2008, as explained in the next section called "Use and Disclosure";
- Section 278.1(b) of the Supplemental Nutrition Assistance Program regulations provides for the collection of the owners' Social Security Number (SSN), Employer Identification Number (EIN) and tax information;
- The use and disclosure of SSNs and EINs obtained by applicants is covered in the Social Security Act and the Internal Revenue Code. In accordance with the Social Security Act and the Internal Revenue Code, applicant social security numbers and employer identification numbers may be disclosed only to other Federal agencies authorized to have access to social security numbers and employer identification numbers and maintain these numbers in their files, and only when the Secretary of Agriculture determines that disclosure would assist in verifying and matching such information against information maintained by such other agency [42 U.S.C. 405(c)(2)(C)(iii); 26 U.S.C. 6109(f)];
- Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in denial of this application;
- The Food and Nutrition Service may provide you with an additional statement reflecting any additional uses of the information furnished on this form.

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

- We may disclose information to the Department of Justice (DOJ), a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in litigation and it has been determined that the use of such information is relevant and necessary and the disclosure is compatible with the purpose for which the information was collected;
- In the event that the information in our system indicates a violation of the Food and Nutrition Act or any other Federal or State law whether civil or criminal or regulatory in nature, and whether arising by general statute, or by regulation, rule, or order issued pursuant thereto, we may disclose the information you give us to the appropriate agency, whether Federal or State, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
- We may use your information, including SSNs and EINs, to collect and report on delinquent debt and may disclose the information to other Federal and State agencies, as well as private collection agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offset and referral to the Department of Justice for litigation. (**Note:** SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to verify the information reported by applicants and participating firms, and to assist in the administration and enforcement of the Food and Nutrition Act as well as other Federal and State laws. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to respond to specific requests from such Federal and State agencies for the purpose of administering the Food and Nutrition Act as well as other Federal and State laws;
- We may disclose information to other Federal and State agencies for the purpose of conducting computer matching programs;
- We may disclose information (excluding EINs and SSNs) to private entities having contractual agreements with us for designing, developing, and operating our systems, and for verification and computer matching purposes;
- We may disclose information to the Internal Revenue Service, for the purpose of reporting delinquent retailer and wholesaler monetary penalties of \$600 or more for violations committed under the SNAP. We will report each delinquent debt to the Internal Revenue Service on Form 1099-C (Cancellation of Debt). We will report these debts to the Internal Revenue Service under the authority of the Income Tax Regulations (26 CFR Parts 1 and 602) under section 6050P of the Internal Revenue Code (26 U.S.C. 6050P);
- We may disclose information to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), authorized under section 17 of the Child Nutrition Act of 1966 (CNA) (42 U.S.C. 1786), for purposes of administering that Act and the regulations issued under that Act;
- Disclosures pursuant to 5 U.S.C. 552 (a)(b)(12). We may disclose information to "consumer reporting agencies" as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Debt Collection Act of 1982 (31 U.S.C. 3711(d)(4));
- We may disclose information to the public when a retailer has been disqualified or otherwise sanctioned for violations of the Program after the time for administrative and judicial appeals has expired. This information is limited to the name and address of the store, the owner(s) name(s) and information about the sanction itself. The purpose of such disclosure is to assist in the administration and enforcement of the Food and Nutrition Act and Supplemental Nutrition Assistance Program regulations.

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

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

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

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

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

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

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

05/15/2017  
Date Signed

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