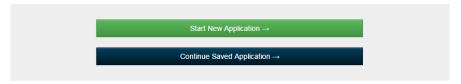
Online Store Application

For new applications, select from the following options:



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.

- ♣ Upload Documents or View/Print Cover Letter, Certification and Signature Statement and 252E Form ▶

* Supplemental Nutrition Assistance Program (SNAP)

A Home

Get Started

Select Application Type

Print Page

Select an application type to get started



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



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

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

▶ Privacy Act And Paperwork Reduction Notice

Go

Select Application Type

Print Page

Select an application type to get started



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



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Privacy Act And Paperwork Reduction Notice

Public reporting burden for this collection of information is estimated to vary from 1 to 19 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Room 1014, 3101 Park Center Drive, Alexandria, VA 22302, ATTN: PRA (0584-0008). Do not return the completed form to this address.

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

Acknowledgement Agreement

Before You Begin

Get Started

A Print Page

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:

- 1. Gather the following information and documents before you start.
 - a. Date the store opened under the current ownership.
 - b. Corporate name and address if you are a private or public corporation or nonprofit organization.
 - c. Name, home address, social security number, and date of birth for all owners, partners, officers of corporations or nonprofit organizations, and in community property states, spouses
 - d. 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

 - f. Copies of Photo ID, Social Security Cards for owner(s), and, in community property states, spouses.
 - g. Business license held by the store.
- 2. Answer the online application questions. Click the "Start Application" button below to begin.
 - a. Use the "Help" link in the upper right-hand corner of the page to get help on any page in the
 - b. Use the links on the left-hand side of each page to return to any section you already worked on.
- 3. Review your application for accuracy. Correct any mistakes before you submit your application.
- 4. View and print your application. Print an official copy of your application to keep for your records.
- 5. Submit your application online, following the instructions provided.

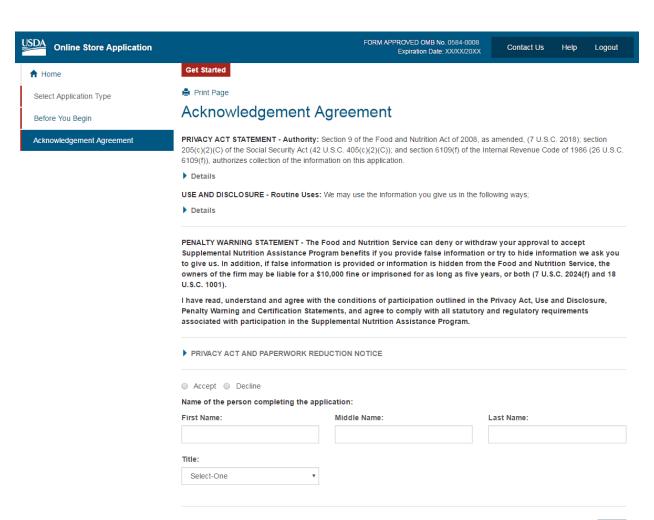
Step #2:

- 1. Submit your supporting documents to FNS. Instructions regarding your supporting documents are provided on-screen AFTER you submit your application and are specific to your application.
- 2. After you submit your supporting documents to FNS, you can return to https://www.fns.usda.gov/snap to check the status of your online application.

3 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.

Start Application



Next

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 6105(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 volation 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;
- 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 Scotal Security and Enderson Revenue Code. applicant Scotal Security Act and the Internal Revenue Code. applicant Scotal Security numbers and employer so decidence on the other Scotal Security numbers and employer selection of the Security of Security Securit
- 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:

- ▼ betails:
 We may disclose information to the Department of Justice (DOJ), a court or other informat, or another party before such tribunal when the USSOA is involved in a laward for his an interest in ligitation 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.
- companies with the purpose for which me 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 arrising by
 general statular, 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 the westplating or processing such violation or charged with enforcing or implementing
 the statute, or rule, regulation or order issued pursuant thereto;
- We may use you information, including SSNs and Elhs, 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 fligation, (Mote: SSNs and Elhs will only be disclosed to Federal agencies authorized to possess such information.
- We may disclose information to other ingredient and State agencies to verify the information reported to 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 Elns 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;
- composer maximing purposes. We may address information to the Internal Revenue Service, for the purpose of reporting delinque retailer and wholesaler monetary penalties of \$500 or more for violations committed under the SNA We will report each delinquent det for the Internal Revenue Service or Form 1050+ CCancellation Debt). We will report and be ded to the Internal Revenue Service or Internal Topic Concentration Debt). We will report these dedts to the Internal Revenue Service under the authority of the Internal Revenue Service under State State
- We may disclose information to State agencies that administer the Special Supplemental Nutrit
 Program for Women, Infants, and Children (WIC), authorized under section 17 of the Child Nut
 of 1966 (CNA) (42 U.S. C. 1786), for purposes of administering that Act and the regulations issu
 under that Act;
- 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. 371(a)(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 guickla 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 faster. 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.

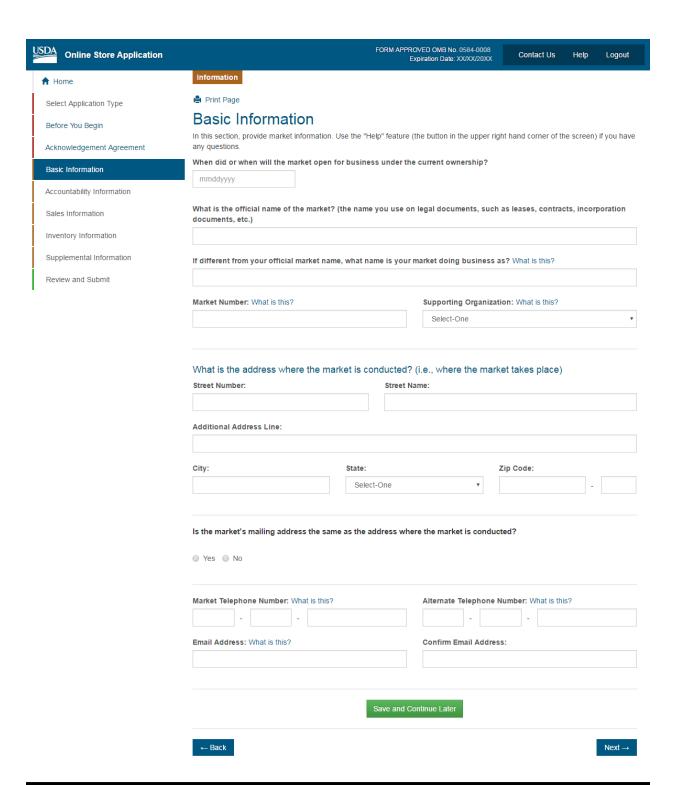
PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits of you provide false information or try to hide information we ask you to give us. In addition, if false information or try to hide information we 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).

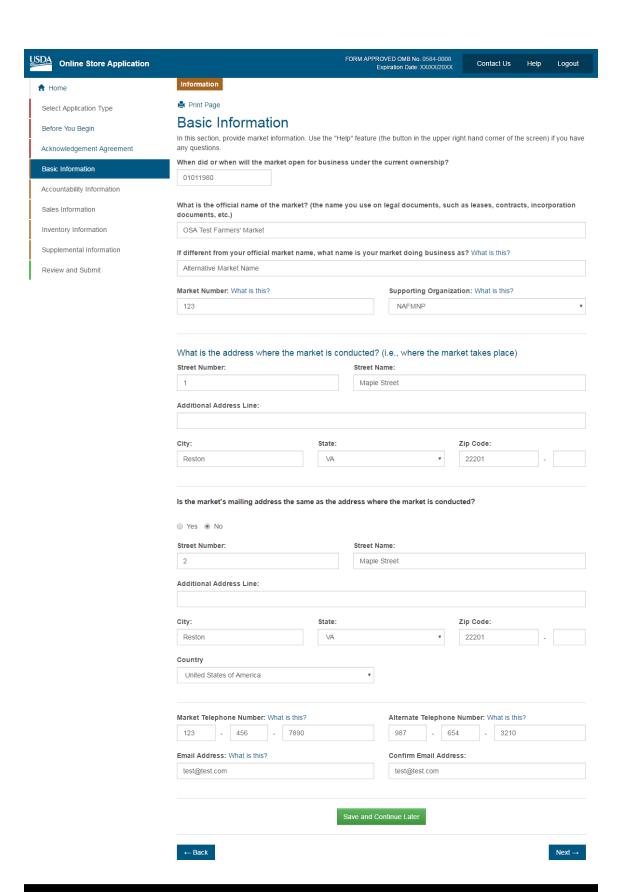
I have read, understand and agree with the conditions of participation outlined in the Privacy Act, Use and Disclosure, Penaity Warming and Certification Statements, and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance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

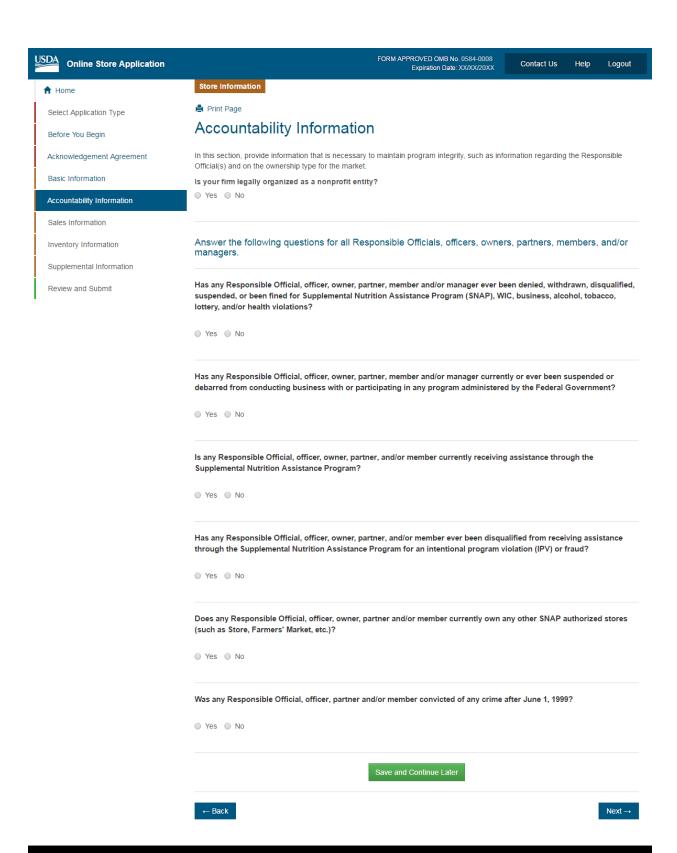
▼ PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

Public reporting burden for this collection of information is estimated to vary from 1 to 19 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and congitivity and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OME control number. Send comments regarding this burden estimate or subject of this collection of information, including suggestions for reducing this burden. In U. S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Room 1014, 3101 Park. Center Circle. Alexandria, VA 22302, ATTN FRA (0564-0008). Do not return the completed form to this address.

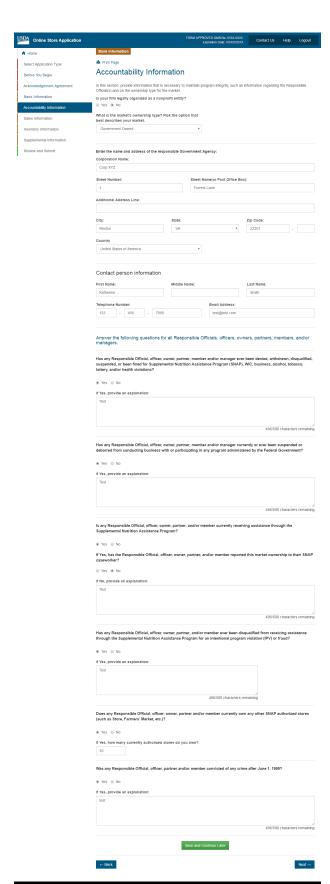
Accept Decline		
Name of the person con	pleting the application:	
First Name:	Middle Name:	Last Name:
Title:		
Select-One	*	







Home	Store Information						Help Logout
# Home Select Application Type	♣ Print Page						
	Accountability Infor	ma	tion				
Before You Begin							
Acknowledgement Agreement	In this section, provide information that is Official(s) and on the ownership type for	s nece	seary to maint arket.	ain pro	gram integrity, such as	s information regarding th	ne Responsible
Basic Information	is your firm legally organized as a nor	nprofit	t entity?				
Accountability Information	* Yes © No						
Sales Information	Does your firm have 601(c)(3) non-pro status?	ofit tax	x-exempt				
Inventory Information	⊕ Yes ⊙ No						
Supplemental Information							
Review and Submit	Enter the market's Employer Identifica	ation ?	Number (EIN)	here:	What is this?		
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	Corp XYZ						
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	security card.						
	Person 1						
	Person 1 First Name:		Middle Name:			Last Name:	
	Jake		M			Wright	
	Street Number:		Street Name:				
	1		Sequoia Rd				
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	Audieso LIDE:						
	44					No de de	
	City: Reston		State:			Zip Code: 22201	
	Country United States of America			¥			
	Social Security Number:		7000		Date of Birth:		
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	Title:				Email Address:		
	Board Member			*	test@test.com		
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	board member or spouse, click the "Ar	dd Per	son" button				
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	suspended, or heart fine for Support support of the Control of Telephone If Yes, provide an explanation: The control of the control of the Control In the control	, owner, with c	It Nutrition A. It was partner, and partner,	embessista	and/or manager or	or been denied, without the control of the control	househor remarker remarker of the second of
	suspended, or heart fine for Support support of the Control of Telephone If Yes, provide an explanation: The control of the control of the Control In the control	, owner, with c	It Nutrition A. It was partner, and partner,	embessista	and/or manager or	ar been denied, without the Williams and Wil	househor remarker remarker of the second of





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 market 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 market 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 market in the next full tax year.

Retail sales are:

Estimated Actual

Tax year:

2018

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	Sale	S	
Gasoline	\$	10,000	.00
Lottery	\$	12,000	.00
Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.)	\$	13,000	.00
Alcohol (Examples: wine, beer, liquor, etc.)	\$	50,000	.00
Other Nonfood (Examples: soap, paper, pet food, etc.)	\$	20,000	.00
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	\$	12,000	.00
Cold Prepared Foods (Examples: sandwiches, salads, etc.)	\$	16,000	.00
Accessory Foods (Examples: ice cream, potato chips, soda pop, doughnuts, etc.)	\$	12,500	.00
Staple Foods (Examples: rice, milk, beef, apples, etc.)	\$	10,500	.00
Total Sales		\$156,000)

Save and Continue Later

← Back

Next →



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 market 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 market 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 market in the next full tax year.

Retail sales are:

Estimated

Actual

Tax year:

2016

• Actual

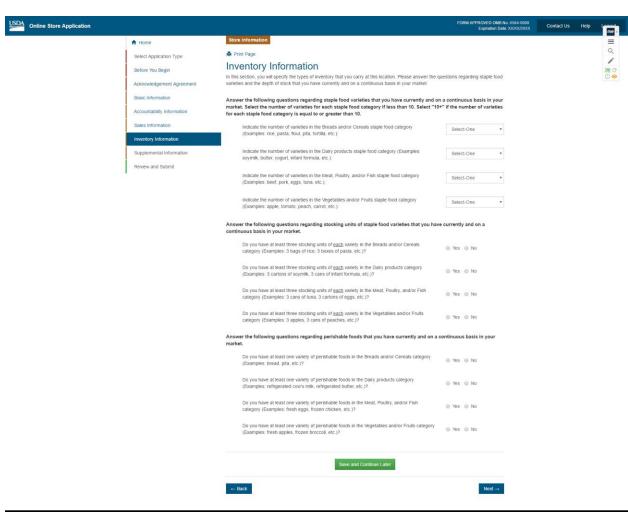
Round to nearest dollar, do not enter cents or dollar sign. Enter a positive number less than 999,999,999,999. Example: 250,000

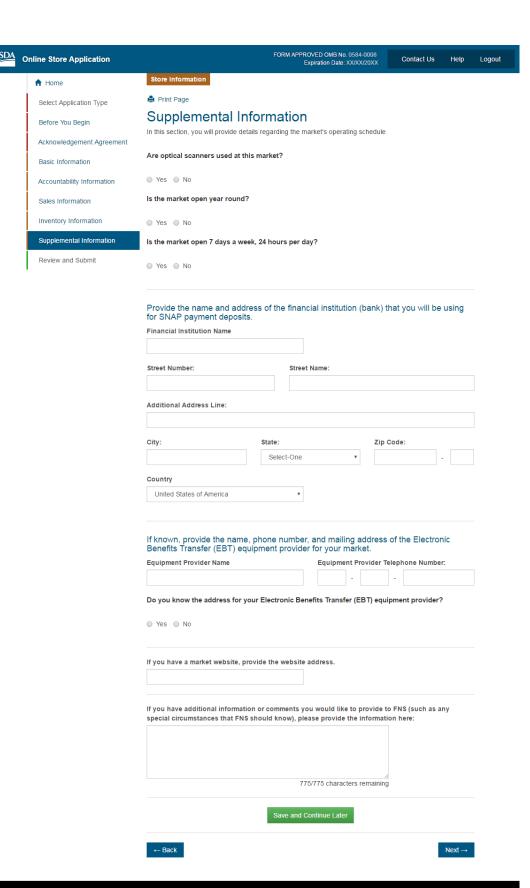
Sales Category	Sale	S	
Gasoline	\$	10,000	.00
Lottery	\$	12,000	.00
Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.)	\$	13,000	.00
Alcohol (Examples: wine, beer, liquor, etc.)	\$	50,000	.00
Other Nonfood (Examples: soap, paper, pet food, etc.)	\$	20,000	.00
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	\$	12,000	.00
Cold Prepared Foods (Examples: sandwiches, salads, etc.)	\$	16,000	.00
Accessory Foods (Examples: ice cream, potato chips, soda pop, doughnuts, etc.)	\$	12,500	.00
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Total Sales		\$156,000)

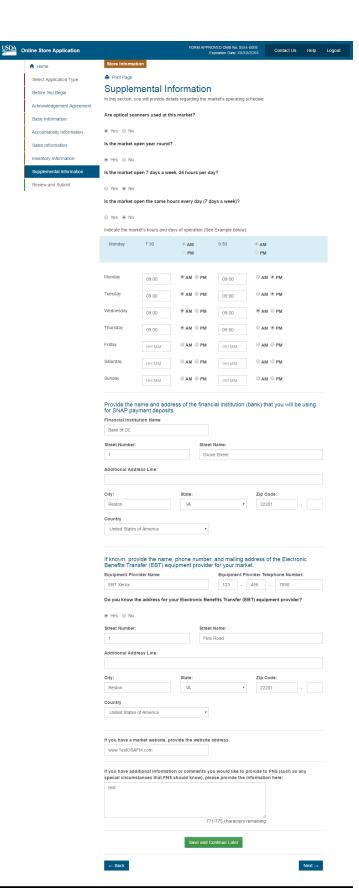
Save and Continue Later

← Back

Next →







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.

> Submit Application

← Back

Mail With Documents

Dear Farmers' Market Applicant:

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: 0553978

Osa Test Farmers' Market #123 1 Maple Street Reston, VA 22201

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 on 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 website to obtain training materials to ensure that you and everyone working at the market 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

Mail With Documents

FNS Number: 0553978

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 parttime); 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	X
Signature	Print Name
Date Signed	Print Title
Date Signed	Print Title

Keep For Your Records

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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 on 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

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- 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.

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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 everyone working at the market understand the rules and regulations of SNAP. If you have any questions regarding your application, please contact:

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- 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 parttime); 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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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).

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X	X
Signature	Print Name
Date Signed	Print Title

Form FNS-252

US Department of Agriculture Food and Nutrition Service

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM APPLICATION FOR STORES

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

									<u>`</u>	
1	When did or when 01 / 01 / 2000		open for business	s under your owne	ership (MM/DD/	YYYY):				
2	Store Name:									
	Osa Test Farme							. 0		
3	Doing Business As (if different from store name): Alt. Fm Name							nain Store Number (if applicable): 23		
5	Store Location Ad	dress (do not	enter P.O. Box he	ere):						
	Street Number:	Street Name	e:	Additional Addre			ess (Bldg	ss (Bldg #, Unit #, Stall #, etc.):		
	1	Maple St								
	City:						State:		Zip Code:	
Reston VA 22201				22201						
6	Store Mailing Add		4h	stana la sationa (f.)	h DO I			h = =4===4	nama field).	
	(Skip if your mailin Street Number:	g address is i Street Name	•	store location. If y	ou nave a PO i	ox addi	•		,	
	Street Number.	Sueerivanie	.				Additional Addi	ess (blug	g#, Unit #, Stall #, etc.):	
	City:				State:	Zip Co	de:	foreign a	address, add Country:	
_	~					0				
1	Store Telephone N					8 Alte	rnate Telephone	e Number	:	
	(123) 456					()			
9	Owner or Store Er	nail Address:	JDoe@test.c	om						
	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? Meat/Poultry Market Bakery Military Commissary/Exchange Farmers' Market Food Buying Cooperative 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.									
	Type of Ownership	(Crieck Offig	,							
	Privately He	ld Corporation	n 🗶 Sole	e Proprietorship	Limite	d Liabilit	ty Company		Nonprofit Organization	
	Publicly Owr	ned Corporati	on Part	nership	Gover	nment O	wned			
	11a Is your firm leg	ally organize	d as a nonprofit er	ntitv?		Yes	No No			
	11b If yes, does yo		•	•	.2 [Yes				
				· · · · · · · · · · · · · · · · · · ·				4	h	
12	address of your co	rporation as	on record with the		ent owned, ent	er the na	ame and addres	s of the re	ty company, enter the name and esponsible government agency. If	
	12a Corporation N		ter the hame and	address of the par	ent corporate c	ilice. Al	i others skip to	tile liext	question.	
	12a Corporation i	tarrio.								
	12b Corporation A	Address:								
	Street Number: Street Name: Additional Address (Bldg #, Unit #, Stall #, etc.):							(Bldg #, Unit #, Stall #, etc.):		
City: State:					State:	Zip Co	de: It	foreign a	nddress, add Country:	
	12c If publicly ow	ned or goverr	nment owned, ente	er a contact perso	n:	1				
	First Name:			Middle Name:			Last Name:			
Telephone Number: Email Address:										

	First Name:	і арре	ears on the social	Middle Name			ء ا	st Name:			
	Jane			D	: .			st name: Doe			
	Street Number:		reet Name:	-					ress (Blo	dg #, Unit #, Stall #, etc.):	
	2 City:	Fo	orrest Street			State:	7	p Code:	If for	eign address, add Country:	
	City: Reston					VA		2201	11 1016	eigir address, add Country.	
	Social Security Numbe	r:	Date of Birth: (M	IM/DD/YYYY)	Busin				e, etc.):	Email Address:	
	*** - ** - ***			/ 1980	Own	ier				JDoe@test.com	
4b	Print name exactly as i First Name:	t appe	ears on the social	Middle Name			La	ast Name:			
	Street Number:	Str	eet Name:	1				Additional Addr	ess (Bld	g #, Unit #, Stall #, etc.):	
	City:	 				State:	Zi	p Code:	If fore	ign address, add Country:	
	Social Security Number	r:	Date of Birth: (N	MM/DD/YYYY)	Busin	ess Title (i.e.	owne	er, partner, spous	se, etc.):	Email Address:	
4c	Print name exactly as First Name:	it app	ears on the social	security card			La	ast Name:			
	Street Number:	Str	reet Name:					Additional Addi	ess (Bld	g #, Unit #, Stall #, etc.):	
	City:					State:	Z	ip Code:	If fore	eign address, add Country:	
	Social Security Number	er:	Date of Birth: (N	//M/DD/YYYY)	Busin	ness Title (i.e.	owne	er, partner, spou	se, etc.):	Email Address:	
l4d	Print name exactly as First Name:	it app	ears on the social	security card			La	ast Name:			
	Street Number:	Str	reet Name:					Additional Addi	ess (Bld	g #, Unit #, Stall #, etc.):	
	City:					State:	Z	ip Code:	If fore	eign address, add Country:	
-	Social Security Number	er:	Date of Birth: (N	//////////////////////////////////////	Busir	ness Title (i.e.	own	er, partner, spou	se, etc.):	Email Address:	
	ver the questions for all Has any officer, owner,	, partr		or manager ev	er bee	n denied, with	draw				
	been fined for Supplem health violations? If Yes, provide an explain			(, WIC, busine		Icohol, tobacco,	ottery a		<u>x</u> No
15b 15c	health violations?	anatic	on: ner, member and/ th or participating	or manager cu	ırrently n admi	or ever been	ss, a	ended or debarr	ed	Yes [x No
5b 5c 5d	health violations? If Yes, provide an explain the second of the second	anatic , partr ess wit anatic	on: ner, member and/o th or participating on:	or manager cu in any prograi	m admi	or ever been inistered by th	susp e Fe	ended or debarr deral Governmei	ed it?	Yes	× No
5b 5c 5d	health violations? If Yes, provide an explain the sany officer, owner, from conducting busine if Yes, provide an explain the sany officer, owner, is any officer, owner,	anatic , partr ss wit anatic	on: ner, member and/oh or participating on: er, and/or membe	or manager cu in any program er currently re	m admi	or ever been inistered by th g assistance t	susp e Fe	ended or debarr deral Governmen gh the Supplem	ed ht? ental Nu	Yes	× No
15b 15c 15d 15e	health violations? If Yes, provide an explain the sany officer, owner, from conducting busine if Yes, provide an explain the sany officer, owner, Assistance Program?	anatic , partr , partr ss wit	ner, member and/or member, and/or member, and/or member, partner, and/or	or manager cu in any program er currently re	m admi	or ever been inistered by th g assistance t	susp e Fe	ended or debarr deral Governmen gh the Supplem	ed ht? ental Nu	Yes	× No
15b 15c 15d 15f 15g	health violations? If Yes, provide an explain the sany officer, owner, from conducting busine if Yes, provide an explain the sany officer, owner, Assistance Program? If Yes, has the officer,	anatic partne partne owner	on: ner, member and/ th or participating on: er, and/or member, and/or member, partner, and/or n:	or manager cu in any progran er currently re member repor	m admi	or ever been inistered by the grant assistance to store owners	susp e Fe	ended or debarr deral Governmen gh the Supplem to their SNAP cas	ed nt? ental Nu seworke	Yes	× No

14 Owner/Officer Information: Enter the name and home address of all officers, owners, partners, and members. In community property states (AZ, CA,

	15j Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores?	Yes	X No
16	15k If Yes, how many currently authorized stores do you own?6 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	7 Do you sell products wholesale to other businesses such as hospitals or restaurants?	x Yes	No
	17a. If Yes, do your retail food sales meet or exceed \$250,000 or 50% of your total gross sales?	∡ Yes	No
	8 Do you have or are you applying for a restaurant license for your store?	x Yes	No
19	9 Answer 19 a,b,c and d regarding staple food varieties that you have currently and on a continuous basis in your store. the number of varieties for each staple food category if less than 10. Check "10+" if the number of varieties for each stafood category is equal to or greater than 10.	aple	
	19a. Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pitortilla, etc.) that you have currently and on a continuous basis in your store:		10+
	19b. Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infa formula, etc.) that you have currently and on a continuous basis in your store:		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:	•	
	19d. Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, p carrot, etc.) that you have currently and on a continuous basis in your store:	peach, OR [x 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 3 boxes of pasta, etc.)?	gs of rice, 🗶 Yes	No
	20b. Do you have at least three stocking units of each variety in the Dairy products category (Examples: 3 cartons of so 3 cans of infant formula, etc.)?		□ No
	20c. Do you have at least three stocking units of each variety in the Meat, Poultry, and/or Fish category (Examples: 3 tuna, 3 cartons of eggs, etc.)?	_	∐ No
	20d. Do you have at least three stocking units of each variety in the Vegetables and/or Fruits category (Examples: 3 appears of peaches, etc.)?		No
21	1 Answer the following questions regarding perishable foods that you have currently and on a continuous basis in your s		_
	21a. Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pit	ita, etc.) 🗶 Yes	No
	21b. Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's refrigerated butter, etc.)	s milk, Yes	No
	21c. Do you have at least one variety of perishable foods in the Meat, Poultry, and/or Fish category (Examples: fresh e frozen chicken, etc.)	eggs, X Yes	No
	21d. Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh approximately frozen broccoli, etc.)	pples, x Yes	No
22	2 Enter your estimated or actual retail sales for a one year period in the following table. If you do not sell a particular cate products place a "0" in the appropriate sales column cell.	egory of	
	Select "Actual" or "Estimated" sales below and indicate the tax year corresponding to your sales figures. If your store resales it made in the last tax year to the Internal Revenue Service (IRS), you must enter actual sales. If your store did no 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 n	ot report sales to the	
	Estimated Salesor- Actual Sales _ Entered sales figures correspond to tax year 20 15		
	Sales Category Sales		
	Gasoline \$ 10,000.00		
	Lottery \$ 11,000.00		
	Tobacco (Examples: cigarettes, cigars, chewing tobacco, etc.) \$ 12,000.00		
	Alcohol (Examples: wine, beer, liquor, etc.) \$ 13,000.00		
	Other Nonfood (Examples: soap, paper, pet food, etc.) \$ 12,000.00		
	Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.) \$ 11,000.00		
	Cold Prepared Foods (Examples: sandwiches, salads, etc.)\$ 10,000.00Accessory Foods (Examples: ice cream, potato chips, soda pop, doughnuts, etc.)\$ 22,000.00		
	Staple Foods (Examples: rice, milk, beef, apples, etc.) \$ 22,000.00		
	Total Sales \$ 128,000.00		

23	How many cash registers	are at this store?0							
24	24 Are optical scanners used at this store? Yes No								
25	25 Is this store open year round? 🗷 Yes 🗌 No								
	25a If No, check which n	nonth(s) you are open: Mar Apr May	Jun _	Jul	Aug Sep	Oct Nov De	С		
26	Is this store open 7 days a 26a If No , indicate operation	ing hours:							
	Monday:	pening Time Select AM or P	M	Clos	sing Time Sel	ect AM or PM			
	Tuesday:		_ _						
	Wednesday:								
	Thursday:		」 ¬						
	Friday:								
	Saturday:		_						
	Sunday:								
	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: 2								
		ne Number: (123) 456 - 7890)						
	Equipment Provider Mailing Address: Street Number: Street Name: Additional Address (Bldg #, Unit #, Stall #, etc.): 5000 crazv st								
	City:	crazy st	State:	Zip Code:		If foreign address, add Country	:		
	crazy city		VA	20120		,			
29	Do you have a website for	your store? If yes , provide website	address:						
	www.FarmersMarket.	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), 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 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 a b c Print Name	
Signature	rintinante	
04/04/2017	Spouse	
Date Signed	Print Title	