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- Before You Begin
- Acknowledgement Agreement
- Basic Information
- Ownership Information
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- Supplemental Information
- Review and Submit

Application questions will be tailored towards your selection below [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."

Privacy Act And Paperwork Reduction Notice

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Before You Begin [Print Page](#)

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

- Step #1:
- Gather the following information and documents before you start.
    - Date the store opened under the current ownership.
    - Corporate name and address if you are a private or public corporation or nonprofit organization.
    - Name, home address, social security number, and date of birth for all owners, partners, and officers of corporations or nonprofit organizations.
    - Actual sales data from your store's most recent IRS business tax return, if it has been open under current ownership longer than one year; if not, an estimate of the store's annual sales.
    - Store hours of operation.
    - Copies of Photo ID and Social Security Number verification for all owners, partners, and officers of corporations or nonprofit organizations.
    - Business license held by the store.
  - Answer the online application questions. Click the "Start Application" button below to begin.
    - Use the "Help" 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 [this page](#) or [this page](#) to check the status of your online application.
- TIP: You can save your application and return to finish it up to 30 days after you start. FNS deletes all saved applications that are not completed within 30 days.

Do not use this form if you are applying as a restaurant. Click [Contact Us](#) to request further information.  
If you are a SNAP-eligible retailer who wants to add SNAP-EBT to your website, please do not complete the online application. Instead, follow the requirements listed on the SNAP Online Purchasing Pilot [website](#).

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### Acknowledgement Agreement [Print Page](#)

Privacy Act Statement - Authority Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2016), section 205(x)(2)(C) of the Social Security Act (42 U.S.C. 405(x)(2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), authorizes collection of the information on this application.

**Details**

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

Use And Disclosure - Routine Uses: We may use the information you give us in the following ways:

**Details**

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

**PRIVACY ACT AND PAPERWORK REDUCTION NOTICE**

Public reporting burden for this collection of information is estimated to vary from 1 to 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th floor, Alexandria, VA 22314, ATTN: PRA. Do not return the completed form to this address. To file a complaint of Discrimination, write to the USDA, Director, Office of Adjudication, 1400 Independence Ave, SW, Washington, DC 20250-9410. Do not send the completed application form to this address.

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

Accept  Decline

USDA Online Store Application TEST

Application Type: TEST

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### Basic Information

In this section, provide basic store information. Use the Help feature if you have any questions. (How do I enter an ID for stores owned by business other than myself?)

Store Name\*

Legal Business Name (if different from store name)

Chain Store Number

Location Address

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

Street Number\* Street Name\* Addressed Address Line  
City\* State\* Zip Code\* Zip4\*

Is mailing address same as location address?  
 Yes  No

Contact Details

Store Telephone Number\* Alternate Telephone Number\*

Owner or Store Email Address\* Corporate Email Address\*

Are you submitting this application only for a website and not for a physical store?  
 Yes  No

Store Type

Is your business any one of the following: a delivery route, food buying cooperative, farmers' market, farm stand/produce, off-farm operation/warehouse, or a specialty food store that primarily sells one food type such as bread/bakery, seafood, bread, or nut/butter/eggs?  
Select "NA" if your business is a special store type. If your business meets the definition of [Specialty Store](#), use this application, change to "Specialty" above "Store Type Application" and choose the Farmer's Market application.

Yes  No

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### Ownership Information

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

Is your firm legally organized as a nonprofit entity? \*

Yes  No

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

Has any officer, owner, partner, member and/or manager ever been denied, withdrawn, disqualified, suspended, or been fined for Supplemental Nutrition Assistance Program (SNAP), WIC, business, alcohol, tobacco, lottery, and/or health violations? \*

Yes  No

Has any officer, owner, partner, member and/or manager currently or ever been suspended or debarred from conducting business with or participating in any program administered by the federal government? \*

Yes  No

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

Yes  No

Has any officer, owner, partner and/or member ever been disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (IPV) or fraud? \*

Yes  No

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

Yes  No

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

Yes  No

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### Sales Information

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

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

Yes  No

Do you sell gasoline? \*

Yes  No

Total Retail Sales

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

Retail sales are:

Estimated  Actual

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

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

|   |                      |
|---|----------------------|
| Indicate the number of variables in the Bakery and/or Confectionery food category.<br><small>(Examples: 100, 200, 300, 400, 500, etc.)</small>      | <input type="text"/> |
| Indicate the number of variables in the Dairy products elope food category.<br><small>(Examples: 100, 200, 300, 400, 500, etc.)</small>             | <input type="text"/> |
| Indicate the number of variables in the Meat, Poultry, and/or Fish elope food category.<br><small>(Examples: 100, 200, 300, 400, 500, etc.)</small> | <input type="text"/> |
| Indicate the number of variables in the Refrigerated and/or Frozen elope food category.<br><small>(Examples: 100, 200, 300, 400, 500, etc.)</small> | <input type="text"/> |

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

|  |  |
|--|--|
| Do you have at least three stocking units of at least three variables in the Bakery and/or Confectionery category?<br><small>(Examples: 3 bags of flour, 3 boxes of cereal, 3 packages of bread, etc.)</small>     | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have at least three stocking units of at least three variables in the Dairy products category?<br><small>(Examples: 3 cartons of yogurt, 3 cans of milk, 3 packages of cheese, etc.)</small>                | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have at least three stocking units of at least three variables in the Meat, Poultry, and/or Fish category?<br><small>(Examples: 3 cans of tuna, 3 cartons of eggs, 3 packages of ground beef, etc.)</small> | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have at least three stocking units of at least three variables in the Refrigerated and/or Frozen category?<br><small>(Examples: 3 boxes of frozen chicken, 3 packages of frozen fish, etc.)</small>         | <input type="radio"/> Yes <input type="radio"/> No |

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

|  |  |
|--|--|
| Do you have at least one variety of petcare food in the Bakery and/or Confectionery category?<br><small>(Examples: 100, 200, 300, 400, 500, etc.)</small>              | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have at least one variety of petcare food in the Dairy products category?<br><small>(Examples: Refrigerated dairy milk, soft-serve frozen yogurt, etc.)</small> | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have at least one variety of petcare food in the Meat, Poultry, and/or Fish category?<br><small>(Examples: 100, 200, 300, 400, 500, etc.)</small>               | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have at least one variety of petcare food in the Refrigerated and/or Frozen category?<br><small>(Examples: 100, 200, 300, 400, 500, etc.)</small>               | <input type="radio"/> Yes <input type="radio"/> 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 (0-99) registers are at your store?

Are initial receipts used at this store?  Yes  No

Is your store open year-round?  Yes  No

Is your store open 7 days a week, 24 hours per day?  Yes  No

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

Financial Institution Name:

|                                     |                                   |   |
|-------------------------------------|-----------------------------------|---|
| Street Number: <input type="text"/> | Street Name: <input type="text"/> | Additional Address Line: <input type="text"/> |
| City: <input type="text"/>          | State: <input type="text"/>       | Zip Code: <input type="text"/>                |
| Country: <input type="text"/>       |                                   |   |

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:

Do you have the address for your Electronic Benefits Transfer (EBT) equipment provider?  Yes  No

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

Do you have additional information or comments you would like to provide to PMS (such as any special circumstances that PMS should know)?  Yes  No

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### Review and Submit

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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 menus on the left hand side of the screen to move from page to page.

[View / Print Application \(PDF\)](#)

2. **CLICK THE BUTTON ABOVE PRIOR TO SUBMISSION TO PRINT YOUR APPLICATION FOR YOUR RECORDS.**

3. **Submit Your Application:** Once you're ready to submit your application, use the Submit Application button below. You will be allowed to submit the application only after you accept the penalty warning statement.

**PENALTY WARNING STATEMENT -** The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$16,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

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

Accept  Reject

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[Submit Application](#)

### Documents to Submit

[Print Page](#)

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

Your application was submitted and assigned FNS Number: [REDACTED] 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. Submit a signed Certification & Signature Statement page for each owner, partner, and corporate officer. To do this: click the "View" button below and physically sign the page. Then, if necessary, scan the page to your computer. Return to this website and upload the page that you signed.  
[Print Required Certification and Signature Statement](#)
2. Submit at least one current business license in your name. [Click here for examples.](#)
3. Submit a color copy of Photo Identification for each owner, partner, and corporate officer. [Copy each identification card in color on a separate page. Click here for examples.](#)
4. Submit a color copy of Social Security Number verification for each owner, partner, and corporate officer. [Copy each identification 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 7208 (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 all 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 - 4969

[Logout](#)