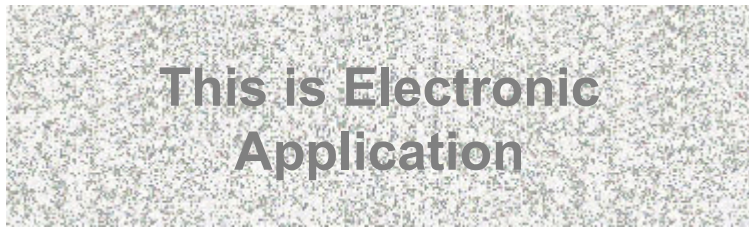


Electronic Application

Form FNS-252E US Department of Agriculture Food and Nutrition Service	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM APPLICATION FOR STORES	OMB No. 0584-0008 Expiration Date: 07/31/2014	
FOR FIELD OFFICE USE ONLY	FNS Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Authorization Initials <input type="text"/> <input type="text"/> <input type="text"/>	Date Authorized <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>



1 When did or when will the store open for business under your ownership (MM/DD/YYYY): 12 / 01 / 2012

2 Store Name: Test1

3 Chain Store Number (if applicable):

4 Store Location Address (do not enter P.O. Box here):
Street Number: 1234 Street Name: Street Dr. Additional Address (Bldg #, Unit #, Stall #, etc.):
City: Annapolis State: MD Zip Code: 21041

5 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:

6 Store Telephone Number: (410) 555 - 1212

7 Alternate Telephone Number (410) 555 - 1234

8 Do you want to receive official correspondence by email? Yes No
8a If Yes, enter owner or store email address: bob@test1.com

9 Is your business a delivery route, 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
9a If Yes, check the one store type that best describes your store:
 Meat/Poultry Market Bakery Military Commissary/Exchange Farm Stand/Stall/U-Pick
 Seafood Market Produce Market Delivery Route Farmers' Market
Do not use this Form FNS-252E if you are applying as a restaurant. Restaurants must use Form FNS-252-2, Application for Meal Services.

10 Type of Ownership (check only one box):
 Privately Held Corporation Sole Proprietorship Limited Liability Company Government Owned
 Publicly Owned Corporation Partnership Nonprofit Cooperative

11 Corporation or Government Agency Information: If privately held corporation 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.**
11a Corporation Name:
11b Corporation Address:
Street Number: Street Name: Additional Address (Bldg #, Unit #, Stall #, etc.):
City: State: Zip Code: If foreign address, add Country:
11c If publicly owned or government owned, enter a contact person:
Contact Person Name: Telephone Number: Email Address:
() -

Electronic Application

12 Owner/Officer Information: Enter the name and home address of all officers, owners, partners, and members. You must enter spousal information for each owner and officer if your business is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI). **If this is a public corporation or government owned store, skip to question 13.** See instructions for more information about this question.

12a Print name exactly as it appears on the social security card:

First Name: Bob	Middle Name:	Last Name: Smith	
Street Number: 123	Street Name: Street Dr.	Additional Address (Unit #, Suite #, Apt #, etc.):	
City: Annapolis	State: MD	Zip Code: 21401	If foreign address, add Country:
Social Security Number: *** - ** - ****	Date of Birth: (MM/DD/YYYY) 07 / 31 / 1954	Business Title (i.e. owner, partner, spouse, etc.): Owner	

12b Print name exactly as it appears on the social security card:

First Name:	Middle Name:	Last Name:	
Street Number:	Street Name:	Additional Address (Unit #, Suite #, Apt #, etc.):	
City:	State:	Zip Code:	If foreign address, add Country:
Social Security Number: - - -	Date of Birth: (MM/DD/YYYY) / /	Business Title (i.e. owner, partner, spouse, etc.):	

12c Print name exactly as it appears on the social security card:

First Name:	Middle Name:	Last Name:	
Street Number:	Street Name:	Additional Address (Unit #, Suite #, Apt #, etc.):	
City:	State:	Zip Code:	If foreign address, add Country:
Social Security Number: - - -	Date of Birth: (MM/DD/YYYY) / /	Business Title (i.e. owner, partner, spouse, etc.):	

12d Print name exactly as it appears on the social security card:

First Name:	Middle Name:	Last Name:	
Street Number:	Street Name:	Additional Address (Unit #, Suite #, Apt #, etc.):	
City:	State:	Zip Code:	If foreign address, add Country:
Social Security Number: - - -	Date of Birth: (MM/DD/YYYY) / /	Business Title (i.e. owner, partner, spouse, etc.):	

13 Has any officer, owner, partner, member, and/or manager ever had a license denied, withdrawn or suspended, or been fined for license violations (i.e. Supplemental Nutrition Assistance Program, WIC, business, alcohol, tobacco, lottery, or health license)?

Yes No

13a If yes, provide an explanation:

14 Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1999?

Yes No

14a If yes, provide an explanation:

Electronic Application

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

15a If Yes, does your retail food sales meet or exceed \$250,000 or 50% of your total sales? Yes No

16 Does the sale of hot and/or cold freshly prepared foods that are ready-to-eat exceed 50% of your total sales? Yes No

17 Total Retail Sales. Enter the total retail sales from all products you sell at this location (both food and non-food products and services). If your store has been open under your ownership for more than one year, enter actual total retail sales from your most recent IRS tax return for this store (17a), or if your store has been open under your ownership for less than one year, you must provide estimated sales (17b). If you sell products wholesale to other businesses, do not include those sales. **You must complete either 17a or 17b.**

17a Actual Retail Sales: \$, , , .00 in Tax Year: 20

17b Estimated Retail Sales: \$, , 1 , 0 0 0 .00 (check one) Day Week Month Year

17c If you have an Employer Identification Number (EIN) enter it here: * * - * * * * * *

18 Do you stock at least three different items in each of these food categories? Include fresh, frozen, canned, packaged. See instructions for more information.

Breads/Grains (Example: bread, cereal, pasta, rice, flour, etc.) Yes No

Dairy (Example: milk, butter, cheese, yogurt, infant formula, etc.) Yes No

Fruits/Vegetables (Example: frozen corn, dried beans, applesauce, canned peas, bananas, 100% juice, etc.) Yes No

Meat/Poultry/Fish (Example: canned meats and fish, ground beef, deli meats,bacon, frozen chicken, eggs, etc.) Yes No

18a What percent of your total retail sales comes from these food categories? 100 %

18b Do you stock fresh, frozen or refrigerated foods in at least two of these categories? Yes No

19 Do you sell "other" foods, such as snack foods, soft drinks, or condiments? Yes No

19a If Yes, what percent of your total retail sales comes from these items? %

20 Do you sell non-food items or food that is hot at the time the customer pays for it? Yes No

20a If Yes, check the items you carry: tobacco products alcohol lottery
 gasoline hot food other

20b If Yes, what percent of your total retail sales comes from non-food and hot food items? %

The sum of the three percentage figures above must equal 100%

21 How many cash registers are at this store? 0

22 Is this store open year round? Yes No

22a If No, check which month(s) you are open:

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

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

23a If No, indicate operating hours:

	Opening Time	Select AM or PM	Closing Time	Select AM or PM
Monday:	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
Tuesday:	3:00	<input type="checkbox"/> <input checked="" type="checkbox"/>	7:00	<input type="checkbox"/> <input checked="" type="checkbox"/>
Wednesday:	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
Thursday:	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
Friday:	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
Saturday:	7:00	<input checked="" type="checkbox"/> <input type="checkbox"/>	12:00	<input type="checkbox"/> <input checked="" type="checkbox"/>
Sunday:	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>

PRIVACY ACT STATEMENT - Authority: Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 405 (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, 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, we may disclose the information you give us to the appropriate agency, whether Federal or State, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
- We may use your information, including SSNs and EINs, to collect and report on delinquent debt and may disclose the information to other Federal and State agencies, as well as private collection agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offset and referral to the Department of Justice for litigation. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to verify the information reported by applicants and participating firms, and to assist in the administration and enforcement of the Food and Nutrition Act as well as other Federal and State laws. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to respond to specific requests from such Federal and State agencies for the purpose of administering the Food and Nutrition Act as well as other Federal and State laws;
- We may disclose information to other Federal and State agencies for the purpose of conducting computer matching programs;
- We may disclose information (excluding EINs and SSNs) to private entities having contractual agreements with us for designing, developing, and operating our systems, and for verification and computer matching purposes;
- We may disclose information to the Internal Revenue Service, for the purpose of reporting delinquent retailer and wholesaler monetary penalties of \$600 or more for violations committed under the SNAP. We will report each delinquent debt to the Internal Revenue Service on Form 1099-C (Cancellation of Debt). We will report these debts to the Internal Revenue Service under the authority of the Income Tax Regulations (26 CFR Parts 1 and 602) under section 6050P of the Internal Revenue Code (26 U.S.C 6050P);
- We may disclose information to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), authorized under section 17 of the Child Nutrition Act of 1966 (CNA) (42 U.S.C. 1786), for purposes of administering that Act and the regulations issued under that Act;
- Disclosures pursuant to 5 U.S.C. 55 2a(b)(12). We may disclose information to "consumer reporting agencies" as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Debt Collection Act of 1982 (31 U.S.C 3711(d)(4));
- We may disclose information to the public when a retailer has been disqualified or otherwise sanctioned for violations of the Program after the time for administrative and judicial appeals has expired. This information is limited to the name and address of the store, the owner(s) name(s) and information about the sanction itself. The purpose of such disclosure is to assist in the administration and enforcement of the Food and Nutrition Act and Supplemental Nutrition Assistance Program regulations.

Electronic Application

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 with other agencies 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 as provided above, and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program.

X _____
Signature

X _____
Print Name

Date Signed

Print Title