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Basic Information

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In this section, provide market information. Use the 'Help' feature (the button in the upper right hand corner of the screen) if you have any questions.

When did or when will the market open for business under the current ownership? *

MM/DD/YYYY

Market Name *

Legal Business Name (if different from market name)

Market Number

Location Address

What is the address where the market is conducted? (i.e., where the market takes place)

Street Number *

Street Name *

Additional Address Line

e.g., Unit #, Stall #, Apt. #, etc.

City *

State *

Zip Code *

Zip+4

Is mailing address same as location address? *

Yes No

Contact Details

Market Telephone Number *

Alternate Telephone Number

Email Address *

Confirm Email Address *

The email where Responsible Official can be reached.

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Accountability Information

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In this section, provide information that is necessary to maintain program integrity, such as information regarding the Responsible Official(s) and on the ownership type for the market.

Is your firm legally organized as a nonprofit entity? *

Yes No

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

Has any Responsible Officials, officer, owner, partner, member and/or manager ever been denied,withdrawn, disqualified, suspended, or been fined for Supplemental Nutrition Assistance Program (SNAP), WIC, business, alcohol, tobacco, lottery, and/or health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 Responsible Officials, 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 Responsible Officials, officer, owner, partner, and/or member currently receiving assistance through the Supplemental Nutrition Assistance Program? *

Yes No

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

Yes No

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

Yes No

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Sales Information

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In this section, you will provide details regarding the market's sales.

Does the market sell products, at 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 market 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 market.** If your market 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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Total Retail Sales

Select estimated or actual retail sales. **If your market 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 market.** If your market has been open under your ownership for less than one year, you must provide estimated sales.

Retail sales are:

(•) Estimated ( ) Actual

Enter the total retail sales from all products you sell at this market (both food and nonfood products and services). If you sell products wholesale to other businesses, do not include those sales.

$ Total Retail Sales .00 ( ) Yearly ( ) Weekly ( ) Monthly ( ) Daily

Enter the total retail sales percentage for each sales category for products you sell at this market location (e.g., if 25% of total retail sales comes from accessory foods, enter 25% where indicated). If you do not sell items in a category, enter "0" (e.g., if the market does not sell nonfood items, enter 0). If you do not have the actual total retail sales percentage(s) for one or more of the sales categories below, provide your best estimate.

Round to the nearest whole percentage, do not enter a percent sign. Enter a number between 0 and 100.

Sales Category	% Total
Staple Foods (Examples: rice, milk, beef, apples, etc.)	%
Accessory Foods (Examples: chips, candy, snack foods, soft drinks, condiments, etc.)	%
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	%
Cold Foods Prepared on Site (Only include items intended for immediate consumption or carry out. Examples: sandwiches, fresh salads, salad bars, etc.)	%
Nonfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.)	%
Total Sales Percentage (total must equal 100%)	**0%**

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

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

Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.) * — Select One

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

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

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

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

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

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

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

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

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

Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)? *

○ Yes ○ No

Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's milk, refrigerated butter, etc.)? *

○ Yes ○ No

Do you have at least one variety of perishable foods in the Meat, Poultry, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)? *

○ Yes ○ No

Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)? *

○ Yes ○ No

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In this section, you will provide details regarding the market's operating schedule

Are optical scanners used at this market? *

Yes No

Is your market open year round? *

Yes No

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

Yes No

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

Financial Institution Name *

Street Number *

Street Name *

Additional Address Line

e.g., Unit #, Stall #, Apt. #, etc.

City *

State *

Zip Code *

Zip+4

Country *

United States of America

File Edit View Favorites Tools Help
STARS webTA Log In OIT Service Desk blank Desktop Wallpapers — Ca... Suggested Sites Tabs Workdesk - RFS Browse

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

   View / Print Application (PDF)

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

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

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

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

◯ Accept ◯ Reject

Back 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 market.

Your application is NOT considered complete until you submit your Supporting Documents to FNS.

The Supporting Documents are:

1. Submit a signed 'Certification & Signature Statement' page for each Responsible Official, owner, partner, and corporate officer. To do this: click the "Print" 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 a color copy of a government-issued Photo Identification (driver's license, passport, military ID, etc.) for each Responsible Official, owner, partner, and corporate officer. Copy each identification card in color on a separate page.
3. Submit a color copy of the Social Security Card verification for each Responsible Official, owner, partner, and corporate officer. (If your organization answered the question of 'type of ownership' as 'Nonprofit Organization', then please skip this step). Copy each identification card in color on a separate page.
4. Submit a copy of any current business licenses held by the market. Copy each license in color on a separate page. If the market does not have any current business licenses, you may skip this requirement.

Submit Documents Electronically

Applicants who are unable to submit documents electronically have the option to mail the documents to:

USDA, Food and Nutrition Service
PO BOX 7228 (USPS Only)
Falls Church, VA 22040

If you are mailing your documents, please print a 'Document Cover Sheet'. The Document Cover Sheet includes basic information about the market, and is necessary so we can match your documents with your online application. You can view and print a Document Cover Sheet by clicking the button below. (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.

Lastly, please note that the market is NOT approved to accept SNAP benefits until FNS makes a determination regarding its eligibility. In order to help determine the market's eligibility, an FNS employee or representative may visit the market. FNS will process a complete application and notify you of a decision in writing

If you have questions, call: (877) 823 - 4369

Logout

Electronic Application

FNS Number: 0746148

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.
- [illegible]

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

_____
Date Signed

X [illegible]
Printed Name

[illegible]
Print Title

Upload and Submit Documents

FNS Number: [redacted]
Application Submitted Date: [redacted]

[redacted] Farmer's Market
[redacted]

Carefully read the information below outlining the process for electronic submission of supporting documentation related to your application for SNAP authorization.

Required Documents

The following documents are required for all firms applying for SNAP authorization. These required documents only need to be submitted once, unless otherwise requested.

1. Signed Certification & Signature Statement for each responsible official, owner, partner, or corporate officer.
2. Current Business License (one per application).
3. Color copy of Photo Identification for each responsible official, owner, partner, or corporate officer.
4. Color copy of Social Security Number verification for each responsible official, owner, partner, or corporate officer.

Additional Documentation

If your firm received a request for additional documentation related to your application for SNAP authorization, please follow the steps below to upload and submit your documents.
If you cannot find a matching Document Type name for your document, select "Other" from the dropdown menu in Step 1.

Step 1-3: Upload Documents

Before you can upload, please scan and save each required document as a separate image, PDF file, or MS Word Document.
The name of the documents and the folder(s) containing the documents cannot have any special characters such as an apostrophe or any of the following: ~ ! @ # $ % ^ & * ( ) ? / [ ] { } < > in the title.
Documents cannot be 0 megabytes (MB) or exceed 20 MB in size. For more information on how to upload documents, please refer to our Document Upload Frequently Asked Questions.

Step 1: Select Document Category *

Step 2: Select Document Type *

Step 3: Choose your Document *

Browse... Upload

Step 4: Review and Submit Uploaded Documents

No.	Document Name	Date of Upload	Actions
No records found.			

Refresh

Submitted Documents

No.	Document Name	Submitted Date
No records found.		

Refresh

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Step 1: Select Document Category *

Select One

- Business Licenses, Certifications, and Personal Identification
- Ownership Documentation
- Sales and Inventory Documentation
- Tax Documentation

Step 2: Select Document Type *

Browse...

Upload

No.	Document Name	Date of Upload	Actions
No records found.			

Refresh

Submitted Documents

No.	Document Name	Submitted Date
No records found.		

Refresh

You may return to home or logout of this page if you are finished uploading or submitting documents.

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Step 1: Select Document Category *
Business Licenses, Certifications, and Personal Identification

Step 2: Select Document Type *
Select One
Application Representative Documentation
Business License
Photo ID - Color Copy
Signed Application Signature Page
Social Security Verifcation - Color Copy

Step 3: Choose your Document *

Step 4: Review and Submit Uploaded Documents

No.	Document Name	Date of Upload	Actions
No records found.			

Refresh

Submitted Documents

No.	Document Name	Submitted Date
No records found.		

Refresh

You may return to home or logout of this page if you are finished uploading or submitting documents.

SNAP Store Application Status

R
RetailerNotification-UAT@usda.gov
To Johnson, Tarissa L. - FNS

Reply | Reply All | Forward | ...

Fri 2/19/2021 3:29 PM

Dear Retailer:

The Food and Nutrition Service (FNS) has received your application to accept Supplemental Nutrition Assistance Program (SNAP) EBT benefits at the following location:

[redacted] Market
[redacted]

We are currently reviewing your application. We will contact you if information is missing or incomplete on your application form.

If you have not already done so, submit the following supporting documents within 10 days of the date of this email.

1. Clearly legible copy of Certification and Signature Statement for all owners, partners, corporate officers; or, in the case of farmer's market, for the Responsible Official(s). Login to our website at https://stars.fns.usda.gov/osa to print a Certification and Signature Statement for this application. Please note that a written signature is required. FNS does not accept typed or electronic signatures at this time.
2. Clearly legible color copy of government issued Photo Identification for all owners, partners, corporate officers; or, in the case of farmer's market, for the Responsible Official(s). Copy each identification card in color on a separate page.
3. Clearly legible color copy of government-issued Social Security Number (SSN) card or other SSN document for all owners, partners, corporate officer; or, in the case of farmer's market, for the Responsible Official(s). Copy each SSN card in color on a separate page.
4. Clearly legible copy of at least one current business license in your name for the location listed above. In the case of farmer's market, you must only submit a license if your market has a license.

Submit supporting documents electronically.

To submit supporting documents electronically, login to your online application at https://stars.fns.usda.gov/osa, and click on "Upload Documents or View/Print Cover Letter, Certification and Signature Statement and 252E form."

When submitting supporting documents electronically, upload all of your documents first and then submit them as one complete package. Pressing "submit" prior to uploading all supporting documents may contribute to processing delays.

Once we receive your documents and your application is considered complete, we will make a decision on your application. We may also conduct an on-site store visit to ensure that your firm meets program eligibility requirements.

You may check the status of your application at any time by logging in to the Online Store Application (OSA) at https://stars.fns.usda.gov/osa.

Thank you again for your interest in serving SNAP clients in your community.

Sincerely,

Supplemental Nutrition Assistance Program

PLEASE DO NOT REPLY TO THIS E-MAIL as we are not able to respond to messages sent to this address. If you have questions, please contact the SNAP Retailer Service Center at 1-877-823-4369. You can check the status of your Online Store Application on our website at: https://stars.fns.usda.gov/osa.