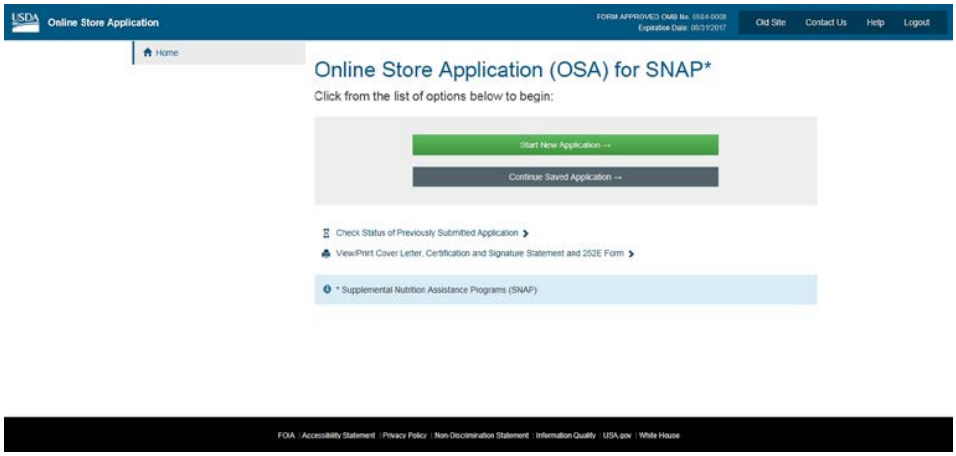
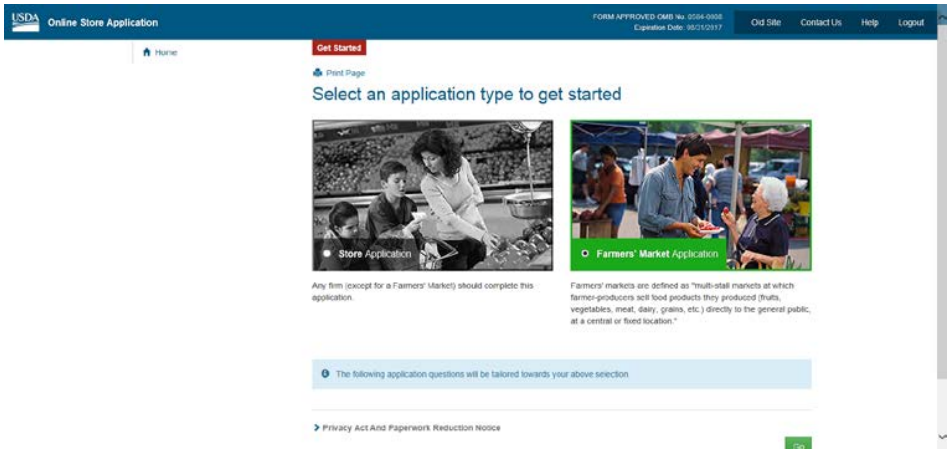
Step-by-Step Instructions for Farmers Markets to Fill Out the Online Store Application (OSA) to Become Authorized to Participate in the Supplemental Nutrition Assistance Program (SNAP)

We have created this document to help farmers markets complete the process of applying to become authorized to participate in the Supplemental Nutrition Assistance Program (SNAP). As you will see, the information required is minimal and straightforward. Nevertheless, please review and follow these directions carefully. ***The information provided during the application process is used only for SNAP authorization and monitoring purposes, is safeguarded, and not shared.***

1. Upon signing into the Online Store Application (OSA) website (after you create the required Eauth profile), via http://www.fns.usda.gov/snap/store-farmers-market-application, the first page you see will present you with several choices (**Start a New Application**, **Continue Saved Application**, etc.).



2. Click on **Start New Application**
3. You will then be taken to a page where you must select an application type. You will have two options: **STORE Application** and **FARMERS MARKET Application**.



4. Under **FARMERS MARKET Application**, you will find FNS' definition of "farmers market."
   a. If the organization you are submitting the application for does ***NOT*** fit FNS' definition of "farmers market," click on **STORE Application**, and stop using this document, as it does not apply to you.

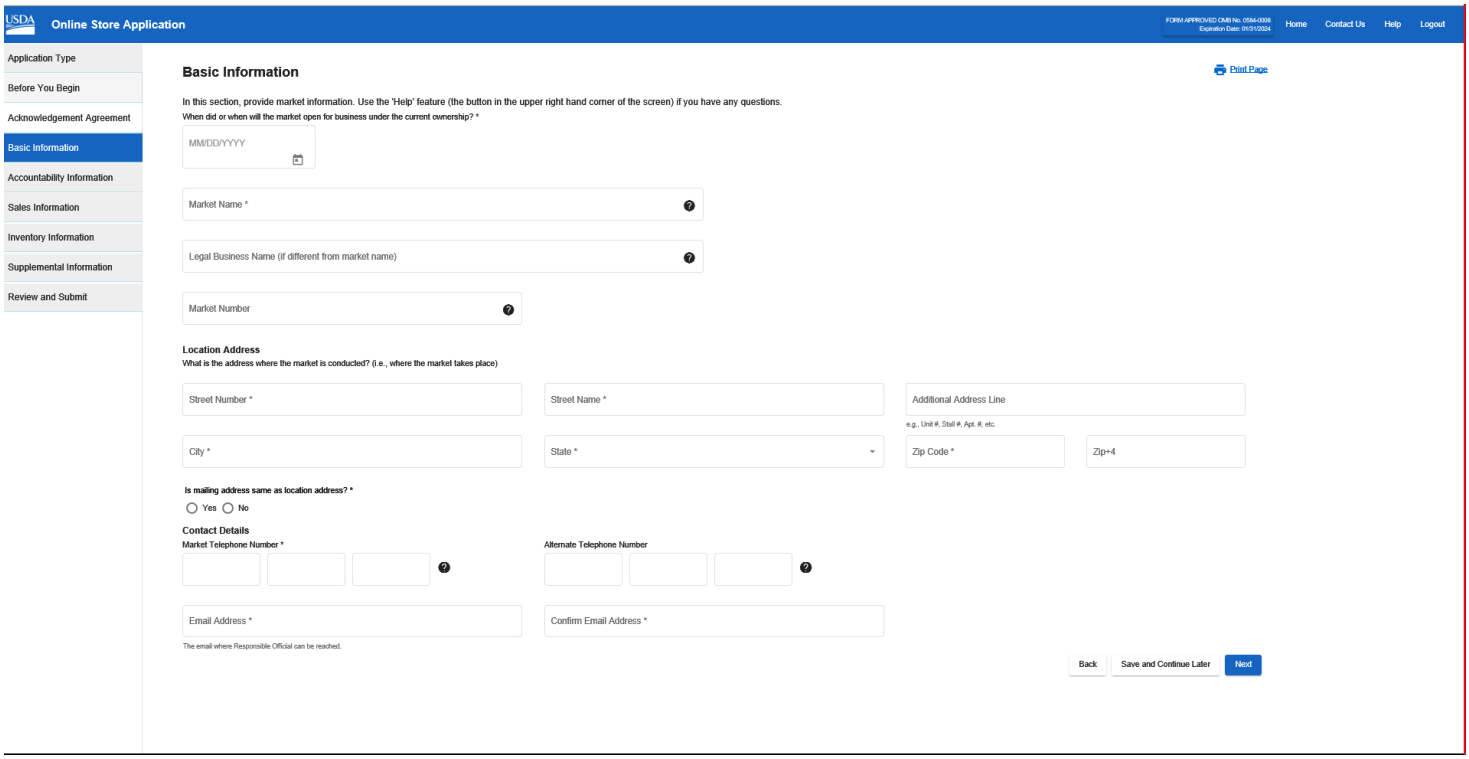
5. If the organization you are submitting the application for ***DOES*** fit FNS' definition of "farmers market," click on **FARMERS MARKET Application** and then press "go". After doing so, you will be directed to a page entitled:

Before You Begin

1. Review the information on that page, then click on the **Start Application** button on the bottom of the page. You will then be directed to a page entitled:

Acknowledgement Agreement

1. That page includes a **PRIVACY ACT STATEMENT**, information on **USE AND DISCLOSURE**, a **PENALTY WARNING STATEMENT**, and **PRIVACY ACT AND PAPERWORK REDUCTION NOTICE**. Review the information on that page. At the bottom of the page, you will have the option to **Accept** or **Decline**.
   a. If you **Decline**, you will not be permitted to continue with your application.
   b. If you **Accept** and click **Next**, you will be permitted to continue with your application and be directed to the following page:



On that page, you will be asked for some basic information regarding your farmers market.

NOTE: Starting on this page, you must submit information regarding your farmers market's ***Responsible Officials***. "***Responsible Officials***" are responsible for ensuring that all market stake-holders (i.e., him/herself, the market owner, market vendors, and – if applicable -- parent organizations, such as a nonprofit organization) adhere to SNAP laws, regulations, and policies. If any stake-holder commits a program violation, both the parent organization and the ***Responsible Official*** will be held

accountable, and may face disqualification and/or monetary penalties. In other words, responsibility for violations falls to both the organization and the ***Responsible Official***, as does prevention. To prevent a sanction from occurring, the ***Responsible Official(s)*** should ensure all stakeholders are fully trained and understand the impact that program violations would have on ***all*** market stakeholders; and should carefully consider how liability for disqualification and/or monetary penalties would affect those stakeholders.

1. **Store Opening Date [Required]**: You will be asked "***When did or when will the market open for business under the current ownership?"*** Enter the date the farmers market opened under your ownership in the *MM/DD/YYYY* format.
   a. For example, if the market has existed since September 8, 2005, but you took ownership on February 9, 2012, enter 02/09/2012.
   b. If your market has not yet opened, you may enter a date up to 30 days in the future.

2. **Store Name [Required]**: You will be asked "***What is the official name of the market? (the name you use on legal documents, such as leases, contracts, incorporation documents, etc.)"*** This is the name that will appear on your SNAP license; and that FNS will use for official business and when referring the public to your market. The market name should be identical to the name you use if/when you register your market with the Agricultural Marketing Service's *Farmers' Market Directory*.

3. **Market Number [Only if Applicable]**: If your market is part of a chain of markets, and has an alphanumeric code (i.e., "Neighborhood Farmers Market #426," "Market #A34," etc.), enter that **Market Number** here. Do ***not*** use a pound sign in this field.

4. **Supporting Organization [Required]**: Identify the organization that is assisting your market in the process of becoming SNAP-authorized or indicate that no organization assisted you.

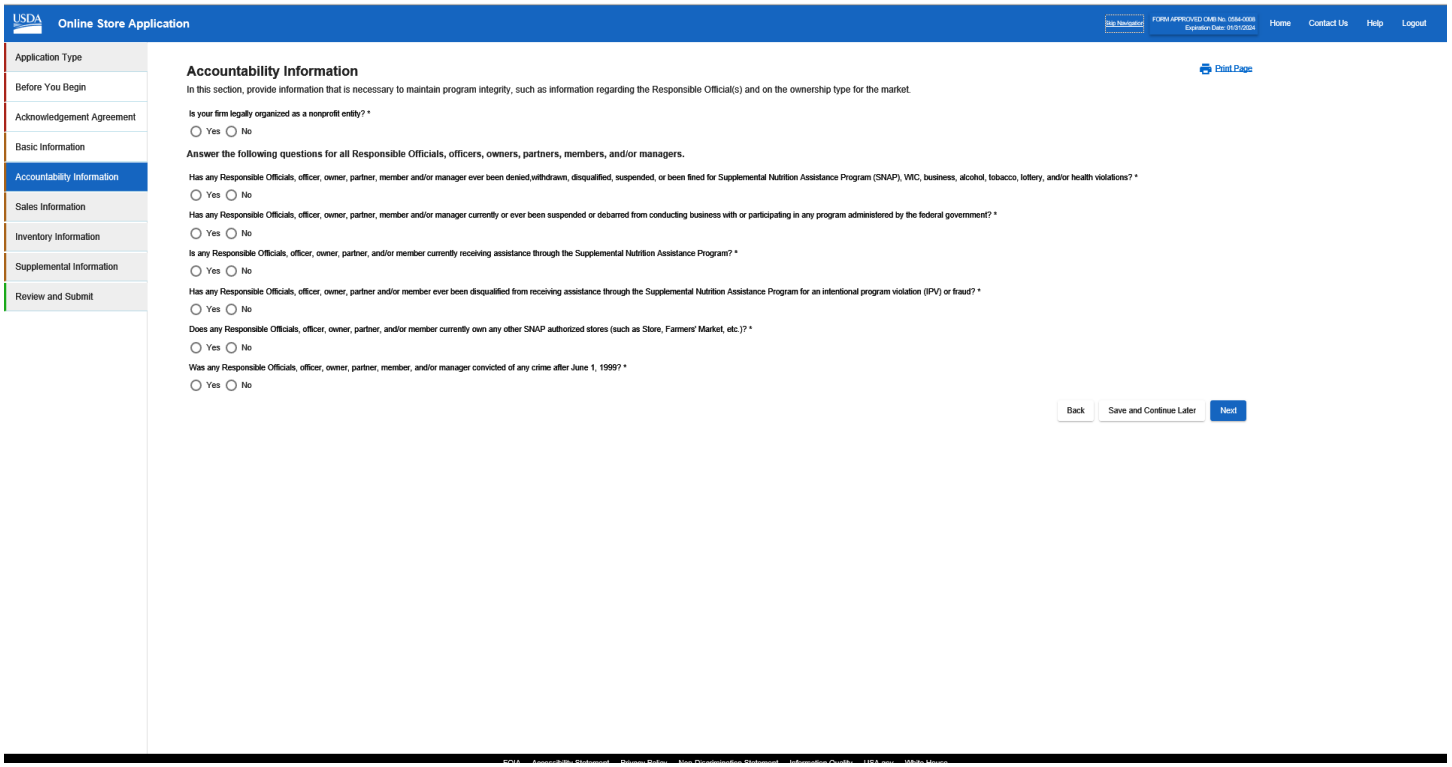
5. **Store Address [Required]**: You will be asked "***What is the address where the market is conducted? (i.e., where the market takes place).***" You must ***NOT*** enter a P.O. Box for this question.

6. **Store Mailing Address [Required]**: You will be asked "***Is the market's mailing address the same as the address where the market is conducted?***"
   a. If so, select "yes."
   b. If not, select "no," and you will be prompted to enter the market's mailing address.
   c. If the market's mailing address is a P.O. Box, enter the P.O. Box number in the ***Street Name*** field.

7. **Market Telephone Number [One Number Required]**: You will be asked to enter a "***Market Telephone Number***" and "***Alternate Telephone Number***." (i.e., numbers where the ***Responsible Official*** can be reached). Enter at least one number.

8. **Email Address [Required]**: You will be asked to enter an email address where the ***Responsible Official*** can be reached; and then to re-enter the e-mail address (for confirmation).

9. Click on the **Next** button at the bottom of the page, and you will be taken to the following page:



On that page, you must provide information necessary to maintain program integrity.

1. **Ownership Type [Required]**: You will be asked "***What is the ownership type of this store?***" Select the ownership type that best describes your market. The options are: ***Government Owned, Limited Liability Company (LLC), Nonprofit Organization, Partnership, Privately-Held Corporation, Publicly Owned Corporation,*** and ***Sole Proprietorship***.
   a. **NOTE**: Based on the **Ownership Type** you select, you will be prompted to provide slightly different information regarding your organization, the market owners/officers, partners, and/or ***Responsible Official(s)***. For example:
      i. In community property States (AZ, CA, ID, LA, NM, NV, TX, WA, and WI), you must submit information regarding spouses of ***Responsible Officials***, officers, partners, etc. .
      ii. For ***Nonprofit Organizations***, you must submit a copy of the **Determination Letter** sent by the Internal Revenue Service (IRS) when your organization's status as a 501(c)(3) entity was established (see section on **DOCUMENTS TO MAIL**).
      iii. For ***Government Owned*** markets, you must submit a letter – on appropriate letterhead – proving the government entity owns or sponsors the market (see section on **DOCUMENTS TO MAIL**).

2. **Employer Identification Number [Required, if applicable]**: You will be asked to submit an **Employer Identification Number (EIN)**, the nine-digit number the IRS assigns to businesses for tax filing/reporting purposes.
   a. If your organization has an EIN, you must enter it here.
      i. ***Government Owned*** markets must submit an EIN.
   b. If your organization does not have an EIN, you are not required to obtain or submit one.

3. **Organization Name and Address [Required, if applicable]**: Certain **Ownership Types** must enter their name, street number, street name or Post Office box, city, State, and zip code. The **Ownership Types** that must provide this information are:
   a. ***Government Agency***, ***LLC***, ***Privately-Held Corporation***, and ***Publically Owned Corporation***.

4. **Contact Person Information**: Certain **Ownership Types** must enter name, telephone number, and e-mail address for their **Contact Person**. The **Ownership Types** that must provide this information are:
   a. ***Government Agency*** and ***Publically-Owned Corporation***.

5. **Responsible Official Information:** Certain **Ownership Types** must provide name, street number, street name, city, State, zip code, date of birth, title, and e-mail address for each of their ***Responsible Officials***. The **Ownership Types** that must provide this information are:
   a. ***LLC, Nonprofit Organization, Partnership, Privately-Held Corporation,*** and ***Sole Proprietorship.***

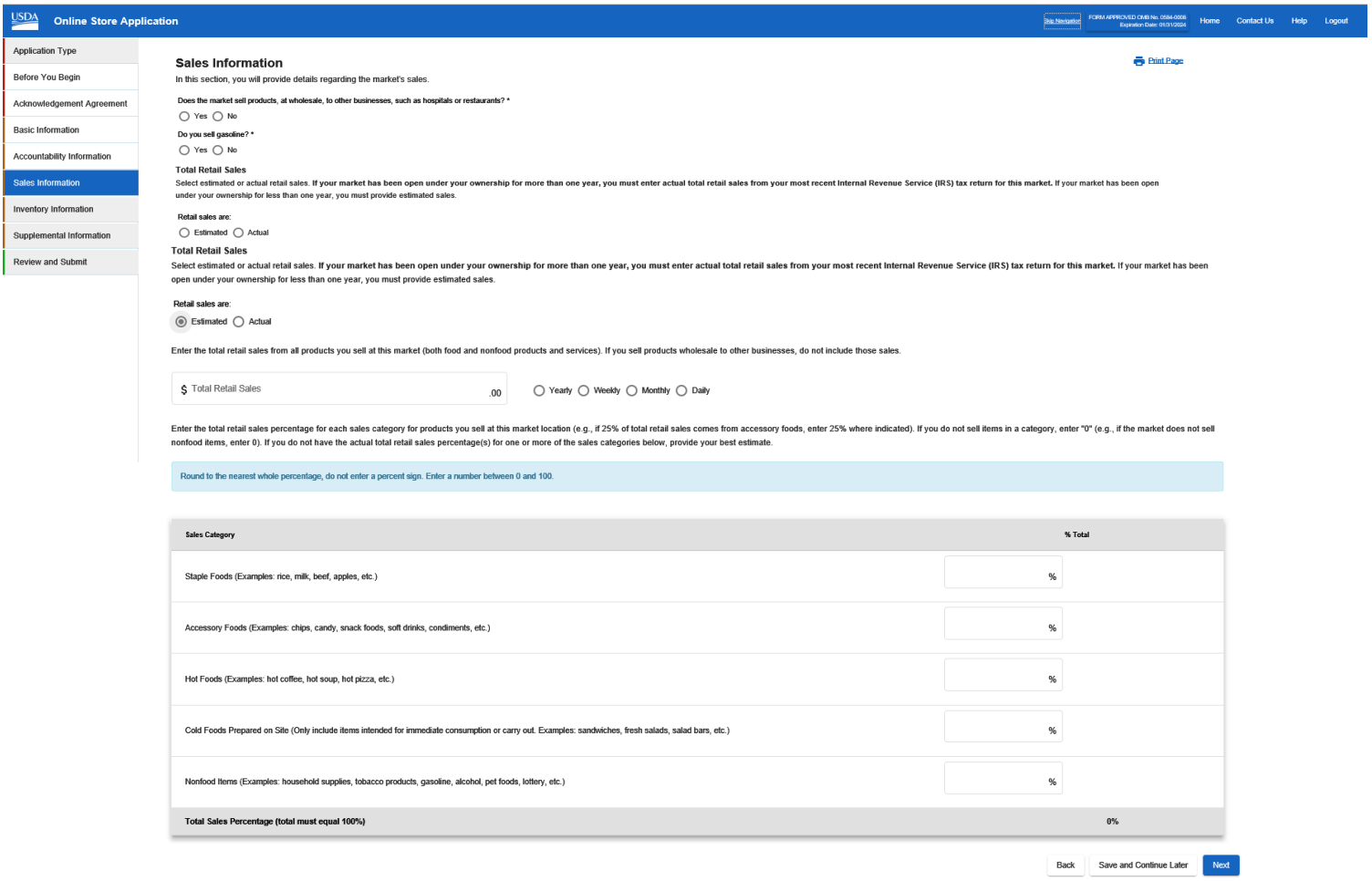
6. **Social Security Number**: Certain **Ownership Types** must provide the **Social Security Number** for each of their ***Responsible Official***s. The **Ownership Types** that must provide this information are:
   a. ***LLC***, ***Partnership***, ***Privately-Held Corporation***, and ***Sole Proprietorship.***
   b. **NOTE:** Organizations that are not required to submit a **Social Security Number** for their ***Responsible Official(s)*** will be held responsible and liable for any and all program violations.

7. **Crimes, Program Violations, Denial of Licenses, Debarment, and Receipt of SNAP Benefits [Required]**: All **Ownership Types** will be asked the following four yes-or-no questions:
   a. ***Has any Responsible Official, officer, partner and/or member ever been denied, withdrawn or suspended, or been fined for license violations (i.e. Supplemental Nutrition Assistance Program, WIC, business, alcohol, tobacco, lottery, or health license)?***
   b. ***Is any Responsible Official, officer, partner and/or member currently or ever been suspended or debarred from conducting business with or participating in programs administered by the Federal Government?***
   c. ***Is any Responsible Official, officer, partner, and/or member currently receiving SNAP benefits?***
   d. ***Was any Responsible Official, officer, partner and/or member convicted of any crime after June 1, 1999?***

   For each of these questions, answer "yes" or "no." If your answer yes, you will be prompted to provide a narrative.

8. Click on the **Next** button at the bottom of the page, and you will be taken to the following page:

On that page, you will provide details regarding the market's sales.



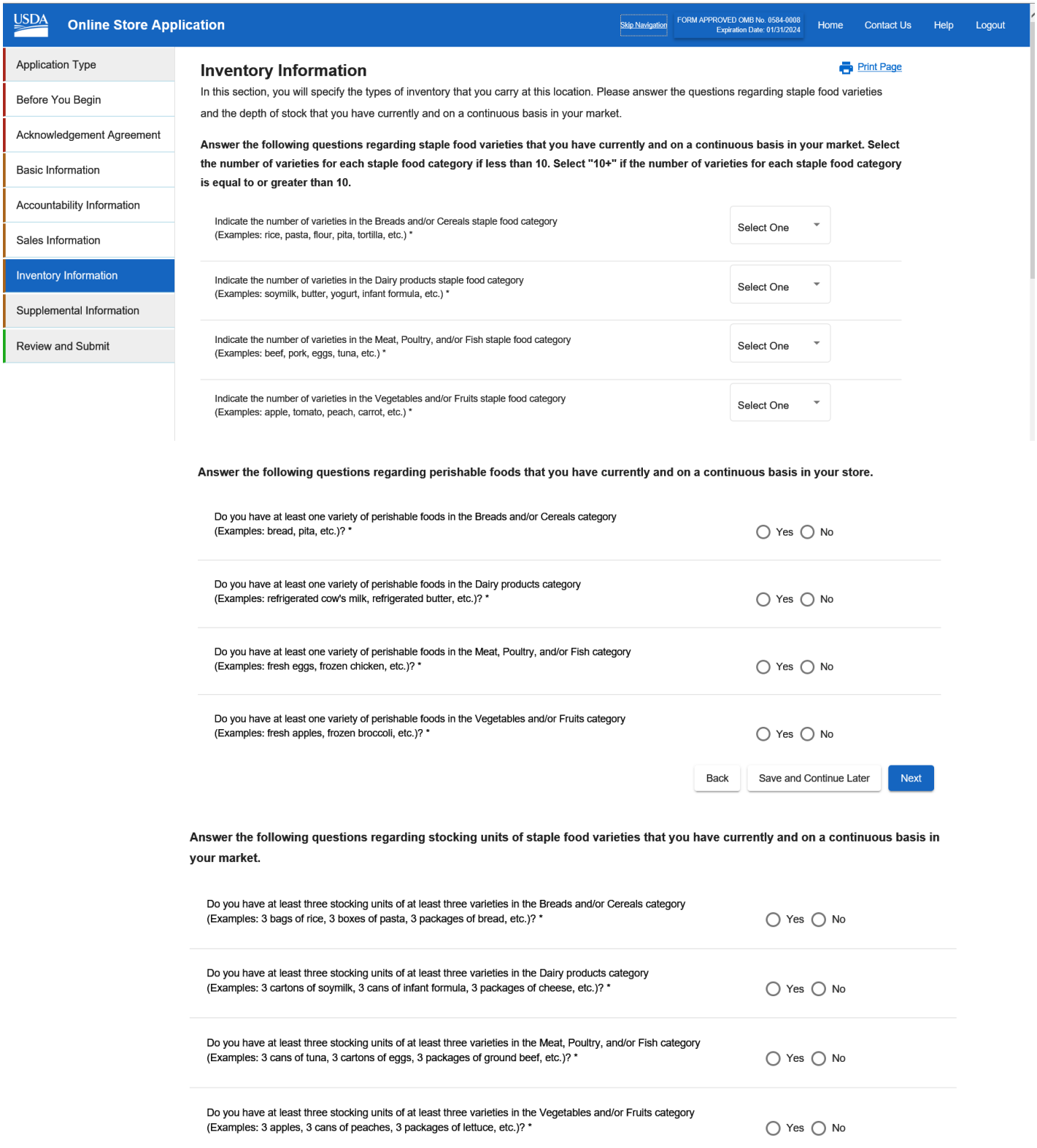
1. **Wholesale [Required]**: You will be asked "***Does the market sell products, at wholesale, to other businesses, such as hospitals or restaurants?***"
   a. If not, select "no."
   b. If so, select "yes," and you will be asked whether the retail (i.e. non-wholesale) portion of your market's sales exceeds $250,000 per year ***OR*** 50 percent of your total annual sales.

2. **Prepared and/or Hot Foods [Required]**: You will be asked whether "**50% or more of the market's sales from hot food AND/OR cold, freshly-prepared foods?"** Select "yes" or "no."

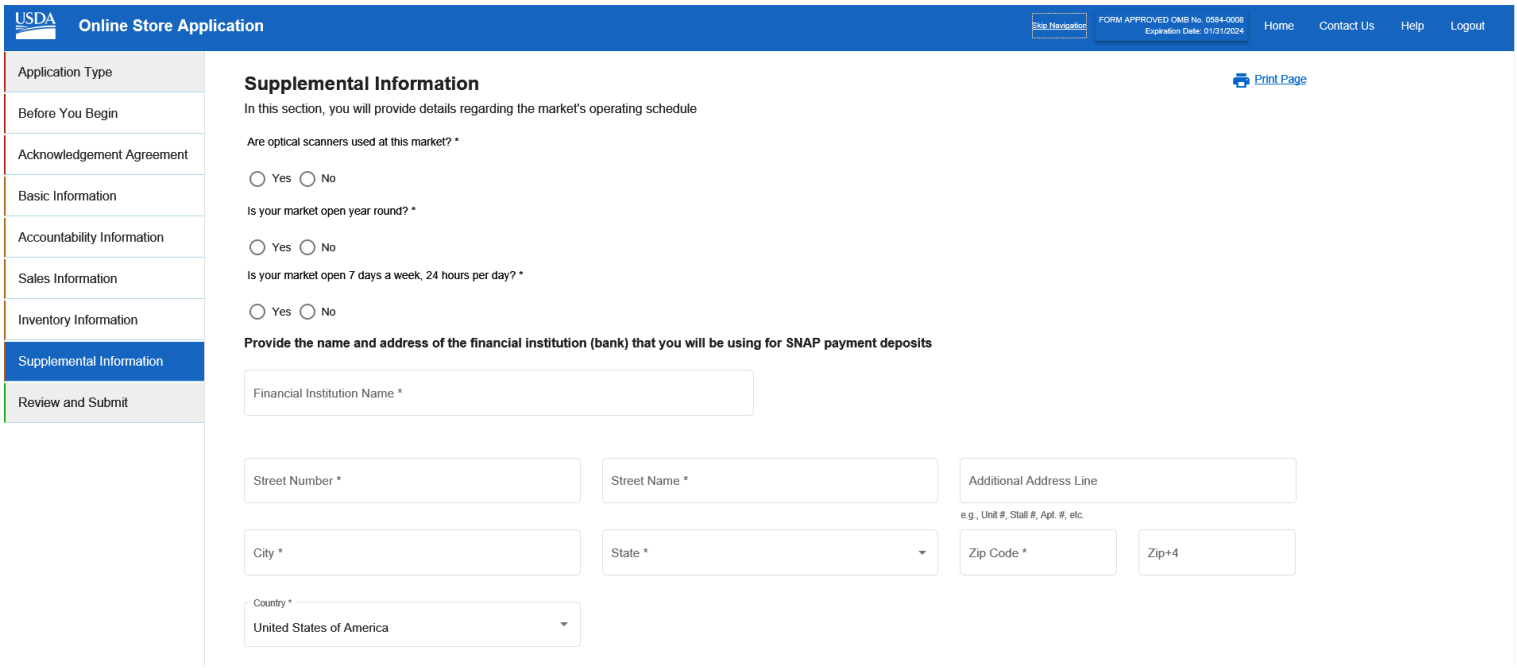
3. **Retail Sales [Required]**: You will be asked to indicate the total ***retail*** sales for your market. This includes sales of ***all*** items, ***except*** wholesale sales to other businesses.
   a. If your market reported the amount of sales it made in the last tax year to the Internal Revenue Service (IRS), you must enter that amount in this field.
   b. 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 day, week, month, or year.

4. Click on the **Next** button at the bottom of the page, and you will be taken to the following page:

On that page, you will provide details regarding the inventory typically available at the market.



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



1. **Store Open Year Around [Required]**: You will be asked "***Is the market open year round***?"
   a. If so, select "yes."
   b. If not, select "no," and you will be prompted to indicate the months the market is open.

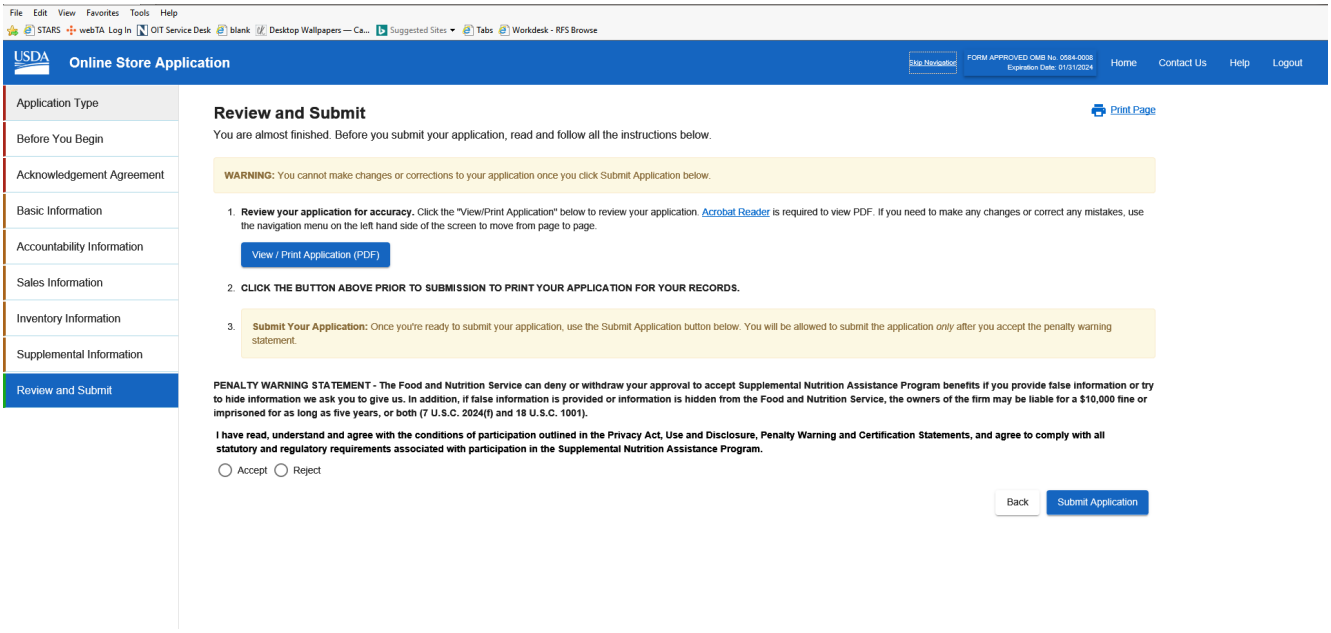
2. **Store Hours [Required]**: You will be asked "***Is your store open 7 days a week, 24 hours per day?***"
   a. If so, select "yes."
   b. If not, select "no," and you will be prompted to indicate the days and hours your market is open. For days where your market is closed, you should leave the field blank.

3. **Intentional Program Violations [Required]**: You will be asked if ***"any Responsible Official, officer, partner and/or member ever been disqualified from receiving SNAP benefits as a recipient for an intentional program violation (IPV) or fraud?"***
   a. If not, select "no."
   b. If so, select "yes," and you will be prompted to provide an explanation.

4. **Ownership of Other SNAP-Authorized Stores [Required]**: You will be asked if "***any Responsible Official, officer, partner and/or member currently own any other SNAP authorized stores (such as Store, Farmers' Market, etc.)?***"
   a. If not, select "no."
   b. If so, select "yes," and you will be prompted to indicate how many SNAP-authorized stores such persons own.

5. **Additional Information/Comments [Optional]:** You will be asked ***"If you have additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know)."*** If so, you may do so in that field (775 character limit).

6. Click on the **Next** button at the bottom of the page, and you will be taken to the following page:



After entering the application information described above, but prior to submitting the application, you can click on **View/Print Application (PDF)** to review a PDF version of your application for accuracy and/or print a copy for your records.

If you find any errors in your application, exit out of the PDF and use the navigation menu on the left-hand side of your internet browser to move from page to page to make corrections. After making corrections, you can click through the application, and print a corrected copy of the application for your records. The printed application is for your records only, and should ***not*** be submitted to FNS.

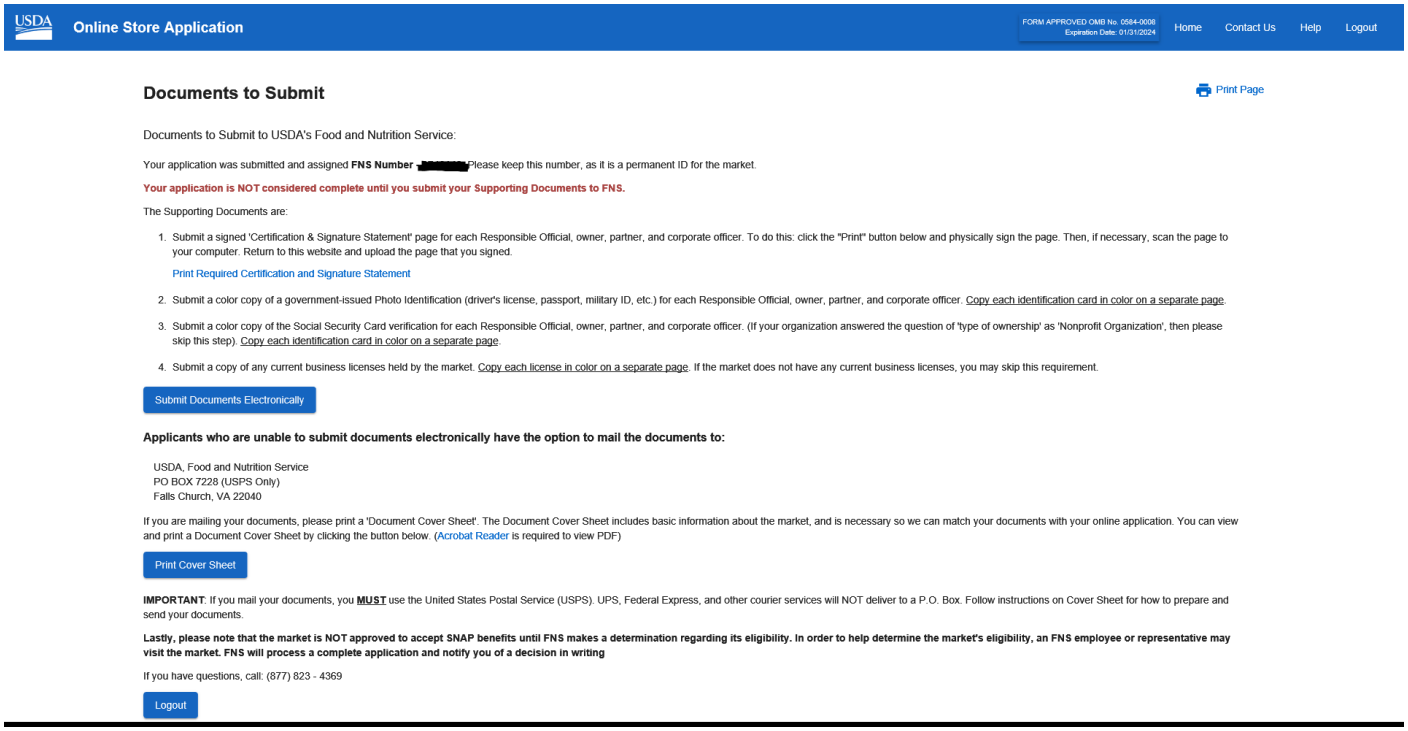
1. After reviewing and/or printing the application, read the **Penalty Warning Statement** at the bottom of the page.
   a. If you click on **Reject**, you will not be permitted to continue your application.

   b. If you click on **Accept**, you will be allowed to continue to your application.

2. Click on **SUBMIT APPLICATION** in order to transmit the application to FNS. ***Once the application is submitted, it is no longer available to view or print.*** Also, once you click on **SUBMIT APPLICATION**, you will be taken to a page entitled:

Documents to Submit

1. After you submit your application, you will see a page:
   a. Confirming that your application was submitted,
   b. Providing you with your FNS number.
      i. Please record this number in a safe place, so you can refer back to it when needed.
   c. Describing ***additional*** documents you must submit to FNS to complete your application and
   d. Indicating where such documents should be mailed.



Those documents can be submitted electronically or mailed to the
USDA, Food and Nutrition Service, PO BOX 7228, (USPS Only), Falls Church, VA 22040.

IMPORTANT: Your application will NOT be considered complete until we receive these documents, and we cannot begin our review of your application until it is complete. Those documents are:

1. **Certification and Signature Statement [Required]**: The page generates one coy of the ***Certification and Signature Statement***, you must print, sign, and submit to us a copy of the ***Signature Statement***. An original signature is not required (i.e., copies are acceptable, provided they are legible). The ***Statement*** must be signed by a ***Responsible Official***.
   a. **NOTE**: If the market is owned by a ***Nonprofit Organization*** or is ***Government Owned*** you must provide a letter – on appropriate letterhead – confirming that the person signing the **Certification and Signature Statement** is the ***Responsible Official*** for that organization/entity, and has authority to sign on its behalf.

2. **Photo Identification (ID) [Required]**: Submit color copy of **Photo Identification (ID)** for all owners, partners, officers, ***Responsible Officials***, and (in community property States) spouses of individuals for whom you submitted information in the **Basic Information** section of your application.
   a. **Exception**: **Photo Identification (ID)** is not required if the market is ***Government Owned***.

3. **Social Security Card [Required, as applicable]**: Submit a color copy of the **Social Security Card** for all owners, partners, officers, ***Responsible Officials***, and (in community property States) spouses of individuals for whom you submitted information in the **Basic Information** section of your application.
   a. **Exceptions**: A **Social Security Card** is not required if the market is owned by a government agency, nonprofit organization, or publically-owned corporation.

4. **Business License [Required Only if Available]**: If your farmers market has a business license that was issued to the current owner(s) ***AND*** for the market's current location, you may provide a copy. However, if your market does not have such a license, it is not necessary to obtain one.

5. **IRS 501(c)(3) Determination Letter [Required Only for *Nonprofit Organizations*]**: Submit a copy of the **Determination Letter** sent by the IRS when your organization's status as a 501(c)(3) entity was established. *This requirement is not yet reflected in the OSA. Nevertheless,* ***Nonprofit Organizations MUST*** *provide this information.*

6. **Government Ownership Letter [Required Only for *Government Owned* Markets]**: You must submit a letter – on appropriate letterhead – proving the government entity owns or sponsors the market. *This requirement is not yet reflected in the OSA. Nevertheless,* ***Government Owned*** *markets* ***MUST*** *provide this information.*