

Notices

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This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

Agency Information Collection Activities: Proposed Collection; Comment Request—Food Stamp Application, Form FNS-252 and a New On-Line Application for Stores, Form FNS-252-E

AGENCY: Food and Nutrition Service, USDA.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice invites the general public and other public agencies to comment on proposed information collections.

DATES: Written comments must be received on or before March 3, 2008.

ADDRESSES: Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility and clarity of the information to be collected; and, (d) ways to minimize the burden of the collection of information on those who are to respond, including use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Comments may be sent to Andrea Gold, Chief, Retailer Management Branch, Benefit Redemption Division, Food and Nutrition Service, U. S. Department of Agriculture, 3101 Park Center Drive, Alexandria, VA 22302. Comments may also be submitted via fax to the attention of Andrea Gold at (703) 305-1863 or via e-mail to BRDHQ-WEB@fns.usda.gov.

All written comments will be open for public inspection at the office of the Food and Nutrition Service during regular business hours (8:30 a.m. to 5 p.m., Monday through Friday) at 3101 Park Center Drive, Alexandria, Virginia 22302, Room 404.

All responses to this notice will be summarized and included in the request for OMB approval. All comments will be a matter of public record.

FOR FURTHER INFORMATION CONTACT: The public can download the Form FNS-252 from the FNS Web site at: <http://www.fns.usda.gov/fsp/retailers>.

Requests for additional information or copies of the information collection should be directed to Andrea Gold at (703) 305-2456.

SUPPLEMENTARY INFORMATION:

Title: Food Stamp Program —Store Applications.

OMB Number: 0584-0008.

Form Number: FNS-252, 252-E, 252-2, and 252-C.

Expiration Date: March 31, 2009.

Type of Request: Revision of a currently approved collection of information.

Abstract: Section 9 of the Food Stamp Act of 1977, as amended, (the Act) (7 U.S.C. 2018), requires retail food stores to submit applications to the Food and Nutrition Service (FNS) for approval prior to participating in the Food Stamp Program (FSP). Currently, retailers who want to apply for authorization to participate in the FSP must complete Form FNS-252 (a paper application) manually. Once completed, applicant retailers must mail/deliver the application to the appropriate FNS Field Office, along with other required documents, for processing. A very small percentage of entities (1%) fax their applications. FNS field offices review applications to ensure that the firm is eligible. The firm is then authorized to accept FSP benefits, or denied. Field office staff manually enters the store application data into the nationwide Store Tracking and Redemption System (STARS) database using a series of on-line screens.

FNS is committed to complying with the E-Government Act of 2002, which requires that, when practicable, federal agencies use electronic forms, electronic filing, and electronic signature to conduct official business. Current technological opportunities allow us to improve information collection in

accordance with these statutes. FNS is developing an on-line application, Form FNS-252-E, as an electronic alternative for retailers who wish to complete and submit an application via the Internet from the FNS Web site.

FNS regional and field office staff have suggested ways the data collection on the current Form FNS-252 could be improved when designing the new on-line application. As a result, FNS will revise the current Form FNS-252. The purpose of the revision to the currently approved collection for the Food Stamp Program Application for Stores, Form FNS-252, is to continue the authority for the established application form and to update the number of collection hours. Efforts are being made to streamline the information collected on the application and make it easier to understand. Questions may be re-phrased or combined in order to provide clearer language. Those questions that no longer have any relevance to the authorization process will be deleted. We will include detailed instructions and provide on-line help, where appropriate. The application form will be developed in a customer and computer friendly format.

FNS also intends to amend the information contained on pages 6 and 7 of the current Form FNS-252. These changes are based on recommendations from FNS' legal counsel to reduce redundant, ambiguous and technical language, and to provide clearer language describing our training requirements and the penalties for violating Program rules. Due to the importance of the information contained in this section, and to ensure that all our retailer applications provide the same information, FNS is also seeking approval to revise all forms associated with OMB No. 0584-0008, which are the Meal Service application, Form FNS-252-2, and the supplemental to the Retailer Application, Form FNS-252-C.

We are soliciting public comments on the content, format, and design of the revised Form FNS-252 and the new on-line Form FNS-252-E.

We do not know how many retailers will avail themselves of the on-line application; however, we estimate that, initially, approximately 40 percent of all retailers will use the on-line Form FNS-252-E. We are planning to reach out to retailers and industry representatives to

promote this on-line alternative. As noted above, we will evaluate the revised Form FNS-252 and the new on-line application, Form FNS-252-E, on the appropriateness and clarity of the form's content, format, and design. Before making final changes to these forms, we will consider feedback from the public. The burden associated with the Form FNS-252 and the on-line Form FNS-252-E is determined from the number of all newly authorized stores obtained from the STARS Database. We used the number of newly authorized retailers (21,801) from FY 2006 as the base number for current FY 2007 estimates. We further estimate that 40 percent (8,720) of the 21,801 applications will be submitted using the

on-line Form FNS-252-E and 60 percent (13,081) will be submitted using Form FNS-252 (paper application). In our last submission to OMB, we estimated that it takes a retailer, on average, 19.9 minutes to complete Form FNS-252. For this submission to OMB, as a result of anticipated improvements, we estimate that it will take retailers, on average, 18.9 minutes to complete either application form (Form FNS-252-E or Form FNS-252). We estimate the annual burden for the new on-line Form FNS-252-E to be 2,747 hours [8,720 (21,801 affected retailers \times 40% new authorizations) \times .315 (18.9 minutes)]. We further estimate the annual burden for the revised Form FNS-252 to be 4,339 hours [13,081 (21,801 affected

retailers \times 60% new authorizations) \times .332 (18.9 minutes)].

Respondents: Retail food stores.

Estimated Number of Respondents: 45,765.

Number of Responses per Respondent: 1.

Estimated Number of Annual Responses: 73,074.

Estimated Time per Response: 0.114 or 7 minutes (rounded from 6 minutes and 50 seconds).

Estimated Total Annual Burden on Respondents: 8,309.

Dated: December 19, 2007.

Roberto Salazar,

Administrator, Food and Nutrition Service.

BILLING CODE 3410-30-P

Form FNS-252 US Department of Agriculture Food and Nutrition Service	FOOD STAMP APPLICATION FOR STORES	OMB No 0584-0008
FOR FIELD OFFICE USE ONLY	FNS Number: <input style="width: 40px; border: 1px solid black;" type="text"/>	Authorization Initials: <input style="width: 40px; border: 1px solid black;" type="text"/>
Date Authorized: <input style="width: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; border: 1px solid black;" type="text"/> / <input style="width: 40px; border: 1px solid black;" type="text"/>		



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

2 Store Name: _____ **3** Chain Store Number (if applicable): _____

4 Store Location Address (do not enter PO Box here):
 Street Number: _____ Street Name: _____ Additional Address (Bldg #, Unit #, Stall #, etc.): _____
 City: _____ State: _____ Zip Code: _____

5 Store Mailing Address (Skip if your mailing address is the same as your store location. If you enter a PO Box, leave street number and street name blank):
 Street Number: _____ Street Name: _____ P.O. Box: _____ Additional Address (Bldg #, Unit #, Suite #, etc.): _____
 City: _____ State: _____ Zip Code: _____ If foreign address, add Country: _____

6 Store Telephone Number: (____) _____ - _____ **7** Alternate Telephone Number: (____) _____ - _____

8 Do you want to receive official Food Stamp Program correspondence by email? Yes No
8a If yes, enter owner or store email address: _____

9 Is your business a delivery route, farmers' market 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 Farmers' Market
 Seafood Market Produce Market Delivery Route

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

If Privately-Held Corporation or LLC, 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 #, Suite #, 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: (____) _____ - _____ E-Mail Address: _____

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, NV, NM, TX, WA, WI). If this is a public corporation or government owned store, skip to question 13.

12a Print name 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.):
____ - ____ - ____	____ / ____ / ____	

12b Print name 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 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 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. Food Stamp, WIC, business, alcohol, tobacco, lottery, or health license)? Yes No

13a If yes, provide an explanation

14 Has any officer, owner, partner, member, and/or manager ever been convicted of a crime after June 1, 1999? Yes No

14a If yes, provide an explanation

- 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 and 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

Total Sales. Enter the total sales from all products you sell at this location. If your store has been open under your ownership for more than one year, enter actual total 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). You must complete either 17a or 17b.

17a Actual Sales: This business had yearly total sales of \$ _____ in tax year: _____

17b Estimated Sales: I expect to gross \$ _____ in total sales per Day Week Month Year (check only one).

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?

- Bread/Grains Yes No (Example: bread, cereal, pasta, rice, flour, etc.)
 Dairy Yes No (Example: milk, butter, cheese, yogurt, infant formula, etc.)
 Fruits/Vegetables Yes No (Example: corn, potatoes, green beans, apples, oranges, etc.)
 Meat/Poultry/Fish Yes No (Example: beef, chicken, pork, fish, eggs, etc.)

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

18b What percent of your total sales comes from these food categories? %

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

19a If yes, what percent of your total 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 sales comes from these non-food and hot food items? %

The sum of three percentage figures above must = 100 %

- 21 How many cash registers are at your store?

- 22 Is your 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"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday:	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday:	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday:	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Friday:	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Saturday:	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Sunday:	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM

PRIVACY ACT STATEMENT - Section 9 of the Food Stamp Act of 1977, 7 U.S.C. 2018, 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 Food Stamp 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 (including local law enforcement agencies) when the Food Stamp Program becomes aware of a violation or possible violation of the Food Stamp Act, as explained in the next section called "Use and Disclosure";
- Section 278.1(b) of the Food Stamp 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 - 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 Stamp 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 your information to other Federal and State agencies to verify the information, and to assist in the administration and enforcement of the Food Stamp 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 Stamp 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 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 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 for purposes of administering that Act and the regulations issued under that Act;
- 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 Stamp Act and Food Stamp Program regulations.

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept food stamp 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).

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 above;
- By my signature below, I release my tax records to the Food and Nutrition Service;
- I have received or will receive Food Stamp Program training materials. It is my responsibility to ensure that the training materials are reviewed by all of the firm's owners and all employees (whether paid or unpaid, new, full-time or part-time); and that all employees will follow the FSP regulations;
- I am aware that violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Food Stamp Program; I am aware that violations of the Food Stamp Program rules can also result in State and/or local criminal prosecution and sanctions;
- I accept responsibility on behalf of the firm for violations of the Food Stamp 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 food stamp benefits (i.e. trafficking);
 - Accepting food stamp benefits as payment for ineligible items;
 - Accepting food stamp benefits as payment on credit accounts or loans;
 - Knowingly accepting food stamp benefits from people not authorized to use them;
- Disqualification from the WIC Program may result in Food Stamp Program disqualification and a disqualification from the Food Stamp 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. Food stamp customers must be treated in the same manner as non-food stamp customers;
- Participation can be denied or withdrawn if my firm violates any laws or regulations issued by 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

Food Stamp Program authorization may not be transferred to new owners, partners, or corporations. An unauthorized individual or firm accepting or redeeming food stamp benefits is subject to substantial fines and administrative sanctions.

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 Food Stamp Program.

X _____

Signature

Date Signed

X _____

Print Name

Print Title

MAIL YOUR COMPLETED APPLICATION TO THE FOOD AND NUTRITION SERVICE ADDRESS FOR YOUR STATE (SEE PAGE 1 OF INSTRUCTIONS).

Instructions for Form FNS-252 Food Stamp Program Application for Stores

(Revised December 2007)

General Instructions

Use Form FNS-252, Food Stamp Program Application for Stores to apply for authorization to participate in the Food Stamp Program.

These instructions should be used when submitting a paper application by mail to USDA, Food and Nutrition Service (FNS).

The information you provide on the application form will be used by FNS to determine your store's eligibility to accept and redeem Food Stamp Program benefits. If approved, your store will be issued a Food Stamp Program license.

Reminders

You must answer all of the questions on the application form, with the following exceptions:

- If the store is owned by a Sole Proprietorship, Partnership or Nonprofit Cooperative skip question 11.
- If the store is owned by a Privately Held Corporation or LLC skip question 11c.
- If the store is owned by a Public Corporation or Government Agency skip question 12.

How to Apply

You can apply online or submit a paper application by mail. Use only one method.

Apply online: Go to the USDA, FNS website at: <http://www.fns.usda.gov/fsp> and follow the instructions to submit an online application.

Mail: Complete Form FNS-252, attach the required documents, sign and date the application, and mail it to the FNS Field Office address for your state. The FNS Field Office address is listed on the cover letter that was mailed to you with the application. You can also find the FNS field office address for your state at: http://www.fns.usda.gov/fsp/retailers/retailer_app/default.htm

Authorization Processing Time

You must complete the application and submit all the supporting documents before FNS processes your application. An incomplete application or failure to submit documentation will result in a delay. FNS can take up to 45 days to process a completed application.

You cannot accept Food Stamp Program benefits until you are authorized and licensed by FNS.

Contact the FNS Field Office for your state to inquire about the status of an application.

Specific Instructions

Print or type your answers so they are clear and legible. Keep a copy of what you submit to FNS for your records.

Question 1 – Store Opening Date: Enter the date that the store opened for business or will open for business under your ownership. You can enter a future opening date here. If you took over a store that is already operating, enter the date you took over. FNS will review the store's eligibility and the store may be visited as part of this review. The store must be open under your ownership and fully stocked before it can be licensed.

Question 2 – Store Name: Enter the name your store is doing business as.

Question 3 – Chain Store Number: Enter the store number if the store is part of a chain of stores and you refer to it by a number, i.e., "Fine Foods #426". Enter only the number in this field (do not enter a pound sign).

Question 4 – Store Location Address: Enter the store location address. Do not enter a P.O. Box number here. Use the Additional Address line for the unit number, building number, stall number, etc., for addresses with multiple stores at one location.

Question 5 – Store Mailing Address: If your store has a mailing address that is different than the location address, enter it here. If you enter a P.O. Box, leave the street number and name blank.

Questions 6 – Store Telephone Number:

Enter the store's telephone number, including area code.

Questions 7 - Alternate Telephone

number: Enter an alternate telephone number, including area code, such as a cellular number. We may use the alternate telephone number to contact you regarding your store during a disaster situation.

Question 8 – Official Correspondence:

Check the block to show if you would like to receive official correspondence via e-mail.

Question 8a: If yes, enter the e-mail address where you want to receive FSP information.

Question 9 – Special Store Type: Check this box if your store is a farmers' market or delivery route, or if you sell primarily just one type of food (i.e., bread, meat, seafood, etc).

Question 9a: If yes, check the store type that applies.

Ownership Information:

Question 10 – Ownership Type: Using the definitions below check one box that best describes the type of ownership for your store.

Privately Held Corporation: A company that has filed Articles of Incorporation, prepaid taxes and paid the required fees to the state.

Publicly Owned Corporation: A company that publicly issues stock and is owned by shareholders.

Sole Proprietorship: One person owns and is responsible for the store.

Partnership: Two or more people own and are responsible for the store.

Limited Liability Company: A company formed under state statute where members are not liable for the company.

Nonprofit Cooperative: A group of people who cooperate and share equally in the store.

Government Owned: A Federal, state or local government agency administers and/or operates the store.

Question 11 – Corporation or Government Agency Information:

For Privately Held Corporations and Limited Liability Companies, enter the name and address that is on record with the State. For Publicly Owned Corporations, enter the parent corporation name and address. For Government Owned stores, enter the name and address of the responsible government agency. For Publicly Owned Corporations or Government Owned stores enter the name, telephone number and e-mail address of the contact person or the person responsible for the Food Stamp Program license.

Question 12 – Owner, Officer, Member,

Shareholder Information: Do not complete this question if you indicated the ownership type is Publicly Owned Corporation or Government Owned store in question 11. For all other ownership types, you must provide information for all primary owners, partners, members and shareholders. Enter each member's information if the store is owned by a Non-profit Cooperative. In community property states (AZ, CA, ID, LA, NV, NM, TX, WA, and WI) spouse information must be entered for each person listed.

For each Owner, Partner, Officer, Member, Shareholder and Spouse: Enter the first name, middle name, and last name of each person as it appears on their Social Security Card. Enter the home address, Social Security Number and Date of Birth for each person.

If there are more than four primary owners make a copy of page 2 and enter the additional person(s) information. FNS does not collect information on more than five primary owners.

Questions 13 and 14 - License denials/violations, criminal convictions:

For each question, check only one box.

Question 13a and 14a: If you answer "Yes" to either question 13 or 14 provide an explanation.

Question 15 - Wholesale Sales: Check the box to show if this store sells products to other businesses (i.e., sells to hospitals, restaurants, etc)

Question 15a: If yes, indicate if your retail food sales meet or exceed \$250,000 and 50% of the store's total sales.

Question 16 – Hot and/or Cold Freshly Prepared and Ready-to-Eat Foods: Check the box to show if the sale of hot and/or cold freshly prepared ready-to-eat foods meet or exceed 50% of your total sales.

Total Sales: Enter the total sales from everything you sell at this store location. If the store has been in business for at least a year under your ownership, provide the actual sales amount for this store as reported to the IRS in question 17a. If the store has been in business under your ownership for less than a year, you may enter estimated sales for an entire year in question 17b. **You must complete either question 17a or 17b, but not both.**

17a - Actual Sales: Enter the actual total sales amount as reported to the IRS for this store and the tax year.

17b - Estimated Sales: Enter an estimated total sales amount as a daily, weekly, monthly, or yearly figure, and check only the one method that you used (daily/weekly/monthly/yearly).

Question 17c - Federal Employer Identification Number (EIN): An EIN is a nine digit number assigned by the Internal Revenue Service to businesses for tax filing and reporting purposes. If you have an EIN number enter it exactly as assigned.

Question 18 – Food Inventory: For each of the food categories listed check the block to show whether or not your store stocks at least three different types of food items in each category on a daily basis. For example, eggs, milk and yogurt are different types of food; whole milk, skim milk and chocolate milk are not.

Question 18a – Perishables: Check the box that applies if you stock foods that are fresh, refrigerated or frozen in at least two of the food categories listed in question 18.

Question 18b – Sales Percent: Enter the percent of your total sales that comes from the sale of these food items.

Question 19 – Other Foods: Check the box to show if you sell other foods such as snack foods, soft drinks and/or condiments.

Question 19a: If yes, enter the percent of your total sales that come from the sale of these food items.

Question 20 – Non-Food/Hot Food: Check the box to show if you sell any non-food items or food that is hot when the customer pays for it.

Question 20a: If yes, check the boxes to show which items you sell.

Question 20b: Enter the percent of your total sales that comes from the sale of non-food items and hot foods.

*** The sum of 18b, 19a and 20b must equal 100 percent.**

Supplemental Information:

Question 21 – Number of Cash Registers:

Enter the number of cash registers at this store.

Hours of Operation

Question 22 – Store Open Year Round:

Check the box to show if your store is open year-round.

Question 22a: If no, check the boxes next to the months your store is open for business.

Question 23 – Open 24/7: Check the box to show if your store is open 24 hours a day, 7 days a week.

Question 23a: If no, enter the opening and closing time for each day your store is open for business and indicate AM or PM.

Privacy Act and Paperwork Reduction Notice.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0008. The time required to complete this information collection is estimated to average 15.04 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.

If you have comments regarding the accuracy of the time estimate(s) or suggestions you can write to the Food and Nutrition Service, BRD, Room 400, 3101 Park Center Dr., Alexandria, VA 22302. Do not send the completed application form to this address. Instead, see *How to Apply* on page 1.

To file a complaint of Discrimination, write to the USDA, Director, Office of Civil Rights, Room 326W Whitten Building, 1400 Independence Ave, SW, Washington, D.C. 20250-9410. Do not send the completed application form to this address.