

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

In response to requests from the farmers' market community, 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 required information is minimal and straightforward. Nevertheless, please review these directions and follow them carefully, to help ensure that we are able to review your application quickly. We estimate that completing the application will take approximately one hour.

Most farmers' markets will only need the following three documents to complete their application:

1. *Photo identification and Social Security card* for all owners, partners, corporate officers, and (in community property States), spouses of such individuals, *unless* the market is owned by a government agency. In cases where a farmers' market is owned by a nonprofit cooperative, the cooperative may designate a single "responsible official," and provide such information solely for that person.
2. *Any business licenses held by your farmers' market under the current owner's name.* However, if your market does not have any business licenses, FNS does not require you to obtain them.

NOTE: Your application will not be considered complete until we receive these documents, and we cannot begin our review of your application until your application is complete.

Information Required During the Online Application Process

1. **Store Opening Date [Required]:** You will be asked "*When did or when will the store open for business under your ownership (MM/DD/YYYY)?*" Enter the date the farmers' market opened under your ownership. For example, if the market has existed since 04/01/08, but you became the owner on 05/01/10, you should enter 05/01/2010. The system will only allow a date up to 30 days in the future.
2. **Store Name [Required]:** You will be asked "*What is the name your store is doing business as?*" Enter the name of your farmers' market. This is the name that will appear on your SNAP license; and that FNS will use for official business and when referring members of the public to your market. The market name you enter here should be identical to the name you use if/when you register your market with the Agricultural Marketing Service's *Farmers' Market Directory*.
3. **Chain Store Number [Only if Applicable]:** You will be asked to enter your "*Chain Store Number.*" This question is generally not applicable to farmers' markets. However if your market has multiple locations (i.e., *Main Street Market #1, Main Street Market #2*, you can add the number "1," "2," etc.).
4. **Store Location Address [Required]:** You will be asked "*What is your store's location address?*" You must enter the address where the farmers' market is conducted (i.e., where it takes place or happens). You must ***not*** enter a P.O. Box for this question.
5. **Store Mailing Address [Required]:** You will be asked "*Is the store's mailing address the same as the store's location address?*" If so, select "yes." If not, select "no," and you will be prompted to enter the market's mailing address. If the market's mailing address is a P.O. Box, then enter the P.O.

Box number in the *Street Name* field. If necessary, you may provide additional address information (i.e., suite, room number, floor, etc.), in the *Additional Address Line* field.

6. **Telephone Contact Numbers [One Number Required]:** You will be asked to enter a “*Store Telephone Number*” and “*Alternate Telephone Number.*” You must enter at least one telephone number (home, cellular, etc.) where we can reach the market’s responsible official, if necessary. Alternate phone numbers are often cellular or home phones.
7. **Email Correspondence [Strongly Encouraged]:** You will be asked “*Do you want to receive official Supplemental Nutrition Assistance Program correspondence by email?*” If not, select “no.” If so, select “yes,” and you will be prompted to enter an *Owner or Store Email Address*.
8. **Special Store Type [Required]:** You will be asked “*Is your business a delivery route, farmers’ market, farm stand/stall/“u-pick,” military commissary/exchange or a specialty store that primarily sells one food type, such as meat/poultry, seafood, bread, or fruits and vegetables?*” If you are applying as a farmers’ market, select “yes;” and you will be prompted to indicate what kind of specialty store you operate, and you must select “farmers’ market.”
9. **Ownership Type [Required]:** You will be asked “*What is the ownership type of this store?*” You must select the ownership type that describes your market. The options are *Privately Held Corporation, Publicly Owned Corporation, Sole Proprietorship, Partnership, Limited Liability Company [LLC],* and *Nonprofit Cooperative*. If they are unsure of your ownership type, please contact your State licensing board, as each State has different requirements.

NOTE: Based on the ownership type you select, you will be prompted to provide information regarding the corporation or nonprofit cooperative, the market owners officers, partners, members, and in the case of community property States (AZ, CA, ID, LA, NM, NV, TX, WA, and WI) spouses.

- a. **Corporations, LLCs, and Nonprofit Cooperatives [Required, if applicable]:** Enter name and address of the corporation or cooperative. For corporations, this information should be identical to that filed with the State.
- b. **Government-Owned Markets [Required, if applicable]:** Enter the name of the government agency that owns the market; and the name, telephone number, and e-mail address of the contact person at that agency.
- c. **Owner Information [Required]:** Enter the name, home address, social security number, date of birth, and business title for every market owner, partner, and (in community property States only) spouse of an owner or partner. Click the **Add** button to enter additional people, if necessary.

For corporations, provide such information for all officers. For non-profit cooperatives, the cooperative may designate a single “responsible official,” and provide such information only for that person.

NOTE: The information provided during the application process is used only for SNAP authorization and monitoring purposes, is safeguarded, and not shared.

10. **Employer Identification Number (EIN) [Only if Applicable]:** If your business has an “*Employer Identification Number*” (EIN), the nine-digit number the IRS assigns to businesses for tax

filing/reporting purposes, you must enter it in this field. If your market does not have an EIN, it is not required.

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11. **License Denied [Required]**: You will be asked “*Has any officer, owner, partner, member, or manager ever had a license denied, withdrawn, suspended, or been fined for license violations (i.e., Supplemental Nutrition Assistance Program, WIC, business, alcohol, tobacco, lottery, or health license?)*” If not, select “no.” If so, select “yes,” and you will be prompted to provide an explanation.

NOTE: This question applies to all individuals listed in the answer to the *Owner Information* question.

12. **Criminal Convictions [Required]**: You will be asked “*Was any officer, owner, partner, member, or manager convicted of any crime after June 1, 1999?*” If not, select “no.” If so, select “yes,” and you will be prompted to provide an explanation.

NOTE: This question applies to all individuals listed in the answer to the *Owner Information* question.

13. **Wholesale [Required]**: You will be asked “*Do you sell products wholesale to other businesses, such as hospitals or restaurants?*” If your market does not, select “no.” 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.

14. **Prepared Foods [Required]**: You will be asked whether the sale of food that is intended to be eaten at the point of sale (i.e., hot foods and cold, freshly prepared foods) exceed 50 percent of your market’s total sales. You must select “yes” or “no.”

15. **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. You must provide your best good-faith estimate of the daily, weekly, monthly, *or* annual retail sales at your market.

16. **Food Inventory [Required]**: You will be asked a series of questions to determine the type of food available at your market. In answering the questions, you only need to consider the days the market is actually open and provide your best good-faith estimate of the foods typically available your market. Specifically, you will be asked:

- a. Whether your market sells at least three types of food items in each of the following categories:
 - i. Bread/Grains.
 - ii. Dairy.
 - iii. Fruits/Vegetables.
 - iv. Meat/Poultry/Fish.
- b. To indicate the percentage of your total retail sales that comes from those food categories.
- c. Whether you stock fresh, frozen, or refrigerated foods in at least two of those categories.
- d. Whether you sell ‘other’ foods, such as snack foods, soft drinks, or condiments.
- e. To indicate the percentage of the market’s total retail sales come from such “other” foods.
- f. Whether non-food items *or* food that is hot at the point-of-purchase is sold at the market.
- g. Whether any of the following items are sold at the market: Tobacco, alcohol, lottery items, gasoline, hot foods, any other non-food items. You must mark all the categories that apply.
- h. What percentage of your total retail sales are from non-food items and hot food items?

17. **Cash Registers [Required]**: You will be asked “*How many cash registers are at your store?*” As a farmers’ market, enter “1” if you intend to operate a scrip system through a central SNAP EBT terminal.
18. **Store Open Year Around [Required]**: You will be asked “*Is your store open year round?*” If your market is open year round, select “yes.” If not, select “no,” and you will be prompted to indicate the months the market is open.
19. **Store Hours [Required]**: You will be asked “*Is your store open 7 days a week, 24 hours per day?*” If you select “no,” 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.

Viewing and Submitting the Application

After entering the application information described above, but prior to submitting the application, you can review a PDF version of your application for accuracy and print a paper 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 to navigate to the appropriate 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.

After printing the application, you *must* click “**SUBMIT APPLICATION**” in order to transmit the application to FNS.

NOTE: Once the application is submitted, it is no longer available to view or print.

Additional Documents You Must Mail [i.e., Completing the Application]

After you submit your application, you will see a page confirming that your application was submitted successfully *AND* describing additional documents you must mail to FNS to complete your application and indicating where such documents should be mailed. Those documents are as follows:

1. **Document Cover Sheet [Required]**: The page generates two copies of the *Document Cover Sheet*, one to mail and one for your records. The *Document Cover Sheet* includes the market’s name and address. Use it as the cover page for the package of documents you will mail to FNS. This step will speed the review process. FNS receives tens of thousands of applications per year, so the *Document Cover Sheet* is helpful for us to match the documents you submit with your online application.

NOTE: Please write “Farmers’ Market” on the Document Cover Sheet you send to FNS so we can readily identify your documents for expedited processing when we receive them.

2. **Certification and Signature Statement [Required]**: The page generates two copies of the *Certification and Signature Statement*, one to mail and one for your records. You must print, sign, and mail us a copy of the *Certification and Signature Statement*. An original signature is not required and legible copies are acceptable. The Statement must be signed by an owner or corporate officer, as we do not accept signatures from managers, bookkeepers, or other individuals filling out an application on behalf of the owner(s).

3. **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.
4. **Photo Identification (ID) [Required]:** Submit copy of *Photo ID* for all owners, partners, corporate officers, and (in community property States), spouses of such individuals. A driver's license or other government-issued ID card is considered an acceptable form of Photo ID. **Exception:** A photo ID is not required if the market is owned by a government agency.
5. **Social Security Card [Required]:** Submit a copy of the *Social Security Card* for all owners, partners, and corporate officers, and (in community property States) spouses of such individuals.

Exceptions: A Social Security card is not required if the market is owned by a government agency. In addition, for non-profit cooperatives, the cooperative may designate a single "responsible official," and provide the Social Security card for only for that person.

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