GREATER SOUTHWEST
DEVELOPMENT CORPORATION

SNAP VENDOR CERTIFICATION:
Application Process and Requirements

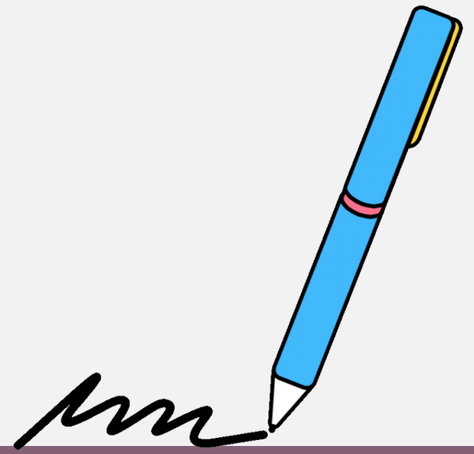
Illinois Department of Commerce & Economic Opportunity
OFFICE OF ECONOMIC EQUITY & EMPOWERMENT

NBDC
NEIGHBORHOOD BUSINESS DEVELOPMENT CENTERS PROGRAM

Cook County SMALL BUSINESS SOURCE

OBJECTIVES

- Understand SNAP retailer eligibility requirements
- Learn the application process
- Review required documentation
- Understand retailer responsibilities after approval



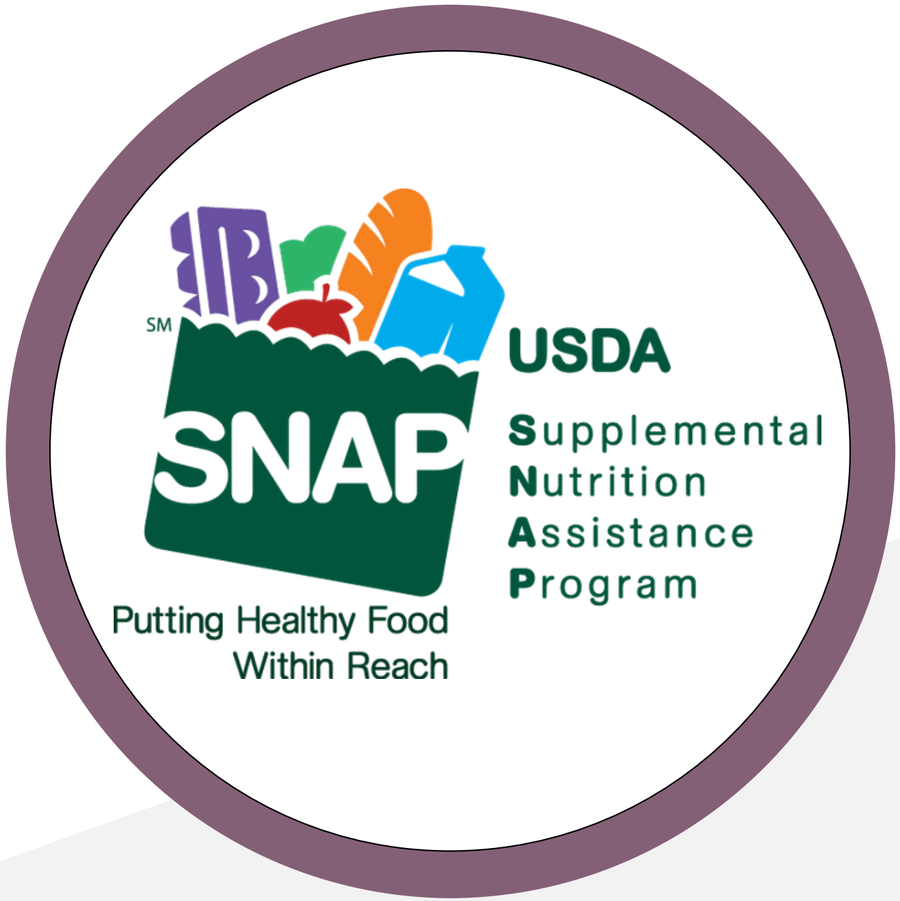
WHY BECOME A SNAP VENDOR?

SNAP provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being.

Accepting SNAP benefits allows recipients to access nutritious food and boost the local economy.

Nearly 1.5 million people rely on snap in Illinois and between 48-55% of those people live in Cook County.

Things to know



- **Applying to be a SNAP Retailer is Free through the USDA Food and Nutrition Administration (FNA).**
- **Retailers can apply online in as little as 15 minutes.**
- **Authorized retailers must use Electronic Benefit Transfer (EBT) equipment and transaction services to accept SNAP payments.**

Most retailers obtain this service through a Point-of-Sale (POS) provider or Third-Party Processor (TPP).

- **SNAP-authorized retailers are generally required to complete a reauthorization process approximately every five years to maintain their authorization**

ELIGIBILITY

To be eligible you will need to fall in one of two criterion:

Criterion A: Staple food Inventory must be a minimum of 84 food staple items



Vegetables or fruits



Meat, poultry, or fish



Dairy products



Breads or cereals

You are required to have 7 varieties and 3 units of each staple food category

Minimum Staple Food Inventory Required



7 VARIETIES WITH AT LEAST
3 STOCKING UNITS
= 21 UNITS



7 VARIETIES WITH AT LEAST
3 STOCKING UNITS
= 21 UNITS



7 VARIETIES WITH AT LEAST
3 STOCKING UNITS
= 21 UNITS



7 VARIETIES WITH AT LEAST
3 STOCKING UNITS
= 21 UNITS

84 UNITS

THIS IS THE UPDATED RULE ON STOCKING AND IT IS SET TO GO INTO EFFECT ON NOVEMBER 4TH

Criterion B: Staple food sales must equal more than 50 % of a store's gross sales.



Staple Foods	Non-Staple Foods
Cereals	Hot Foods
Fruit	Prepared Foods
Vegetables	Non-Food Items
Meat	Accessory Foods
Dairy	Alcohol

Staple Food Sales Calculation

Staple food sales = **Total gross retail sales** − **Non-food sales** − **Prepared or hot food sales** − **Accessory food sales**

OTHER RETAILER ELIGIBILITY CONSIDERATIONS

Need for Access

Stores that do not meet the standard stocking requirements (Criterion A or B) may still qualify for SNAP authorization if they are located in an area where SNAP customers have limited access to food retailers.

Example:
A small grocery store in a rural community does not stock enough varieties of staple foods to meet Criterion A. However, because the nearest full-service grocery store is 15 miles away, USDA may consider the store for SNAP authorization under the Need for Access provision.

Restaurants

Most SNAP benefits cannot be used at restaurants.
A business is considered a restaurant if:
More than 50% of gross sales come from prepared foods intended for immediate consumption.
Exception: Restaurants may participate only in states that operate the Restaurant Meals Program (RMP).

Example:
A sandwich shop earns 70% of its sales from made-to-order sandwiches and ready-to-eat meals. Because most revenue comes from prepared food, it is classified as a restaurant and is generally not eligible for SNAP authorization unless located in a state with an approved RMP.

Co-Location

When multiple businesses operate at the same physical location, the USDA may evaluate them as one firm for SNAP authorization purposes if specific conditions are met.

Example:
A convenience store and a deli share the same building, entrance, ownership, and cash registers. Rather than evaluating them separately, USDA may consider the operations a single firm when determining SNAP eligibility.

PLEASE CONTACT THE SNAP SERVICE CENTER AT 1-877-823-4369
TO ASK ABOUT APPLYING UNDER THESE CONSIDERATIONS

THE APPLICATION



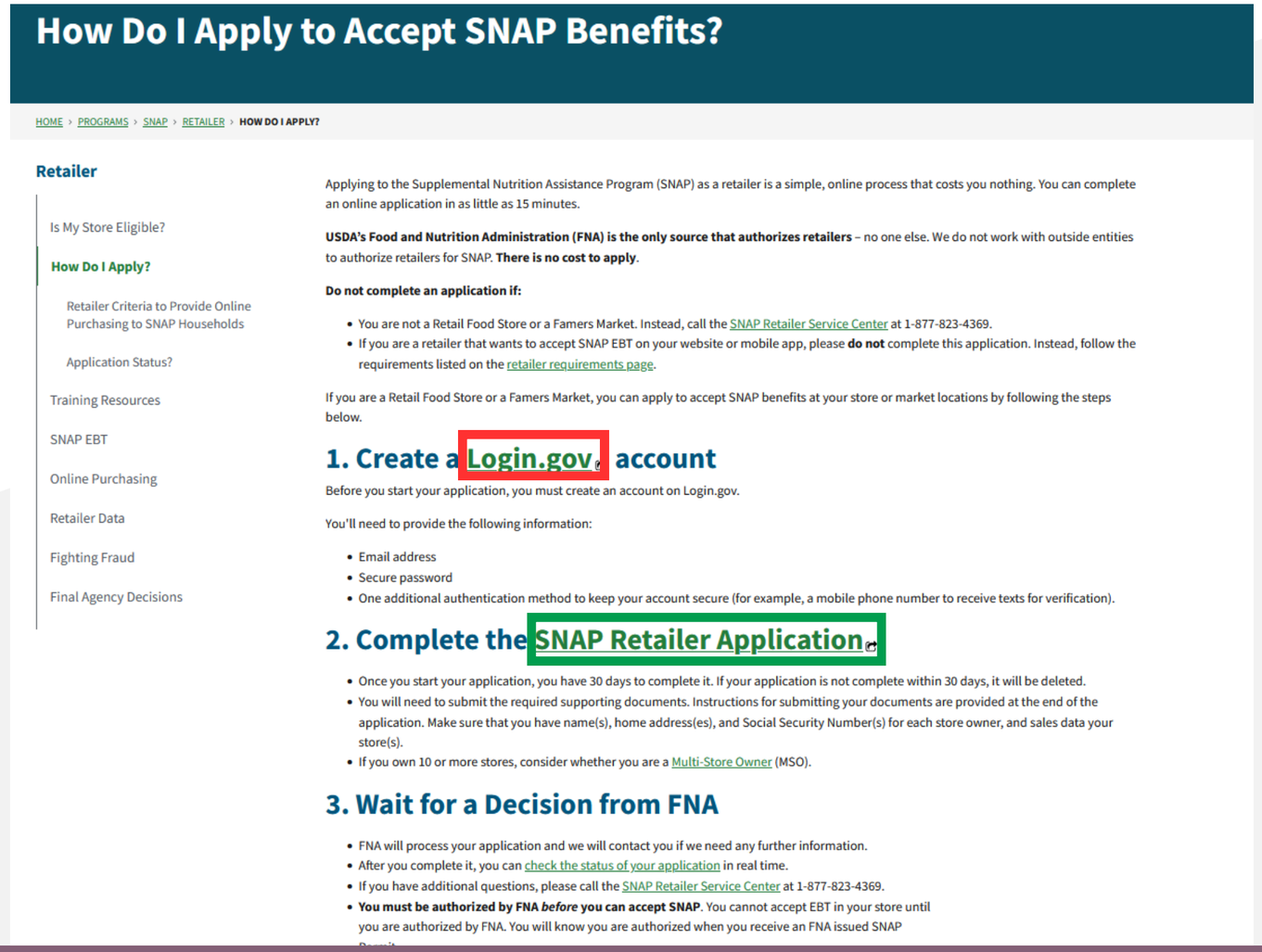
YOU WILL FIND THE APPLICATION AT

https://www.fna.usda.gov/snap/retailer/apply-to-accept

DO YOU HAVE A LOGIN.GOV ACCOUNT?

IF YOU DO NOT HAVE A LOGIN.GOV ACCOUNT YOU WILL NEED TO CREATE ONE
YOU WILL CLICK LOGIN.GOV

IF YOU DO HAVE AN ACCOUNT YOU WILL SKIP STEP #1 AND CLICK SNAP RETAILER APPLICATION TO BEGIN.



How Do I Apply to Accept SNAP Benefits?

HOME › PROGRAMS › SNAP › RETAILER › HOW DO I APPLY?

Retailer

- Is My Store Eligible?
- How Do I Apply?
  - Retailer Criteria to Provide Online Purchasing to SNAP Households
  - Application Status?
- Training Resources
- SNAP EBT
- Online Purchasing
- Retailer Data
- Fighting Fraud
- Final Agency Decisions

Applying to the Supplemental Nutrition Assistance Program (SNAP) as a retailer is a simple, online process that costs you nothing. You can complete an online application in as little as 15 minutes.

USDA's Food and Nutrition Administration (FNA) is the only source that authorizes retailers – no one else. We do not work with outside entities to authorize retailers for SNAP. **There is no cost to apply**.

Do not complete an application if:

- You are not a Retail Food Store or a Famers Market. Instead, call the SNAP Retailer Service Center at 1-877-823-4369.
- If you are a retailer that wants to accept SNAP EBT on your website or mobile app, please **do not** complete this application. Instead, follow the requirements listed on the retailer requirements page.

If you are a Retail Food Store or a Famers Market, you can apply to accept SNAP benefits at your store or market locations by following the steps below.

1. Create a Login.gov account

Before you start your application, you must create an account on Login.gov.

You'll need to provide the following information:

- Email address
- Secure password
- One additional authentication method to keep your account secure (for example, a mobile phone number to receive texts for verification).

2. Complete the SNAP Retailer Application

- Once you start your application, you have 30 days to complete it. If your application is not complete within 30 days, it will be deleted.
- You will need to submit the required supporting documents. Instructions for submitting your documents are provided at the end of the application. Make sure that you have name(s), home address(es), and Social Security Number(s) for each store owner, and sales data your store(s).
- If you own 10 or more stores, consider whether you are a Multi-Store Owner (MSO).

3. Wait for a Decision from FNA

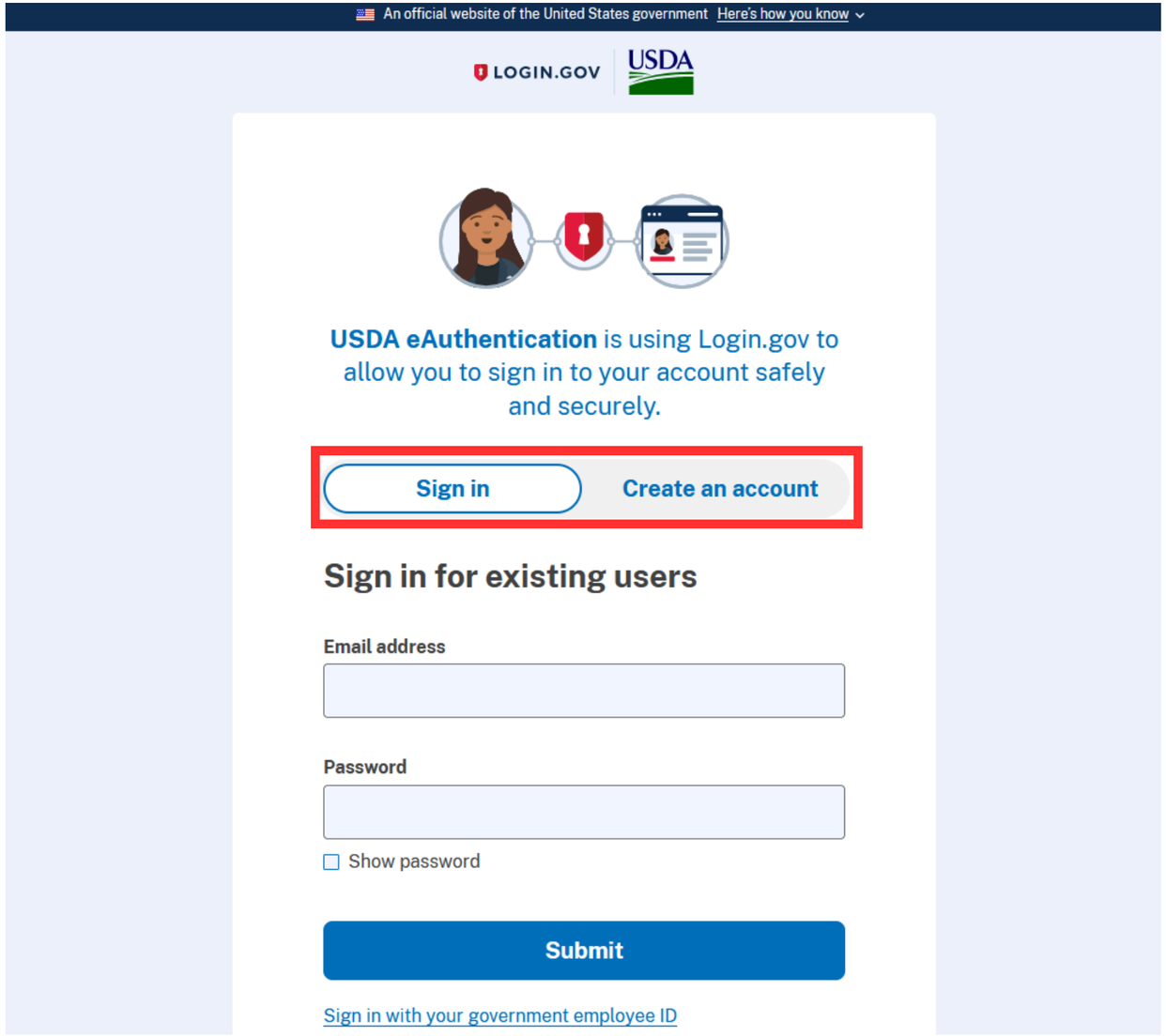
- FNA will process your application and we will contact you if we need any further information.
- After you complete it, you can check the status of your application in real time.
- If you have additional questions, please call the SNAP Retailer Service Center at 1-877-823-4369.
- **You must be authorized by FNA *before* you can accept SNAP**. You cannot accept EBT in your store until you are authorized by FNA. You will know you are authorized when you receive an FNA issued SNAP

IF YOU DO NOT HAVE A LOGIN.GOV ACCOUNT

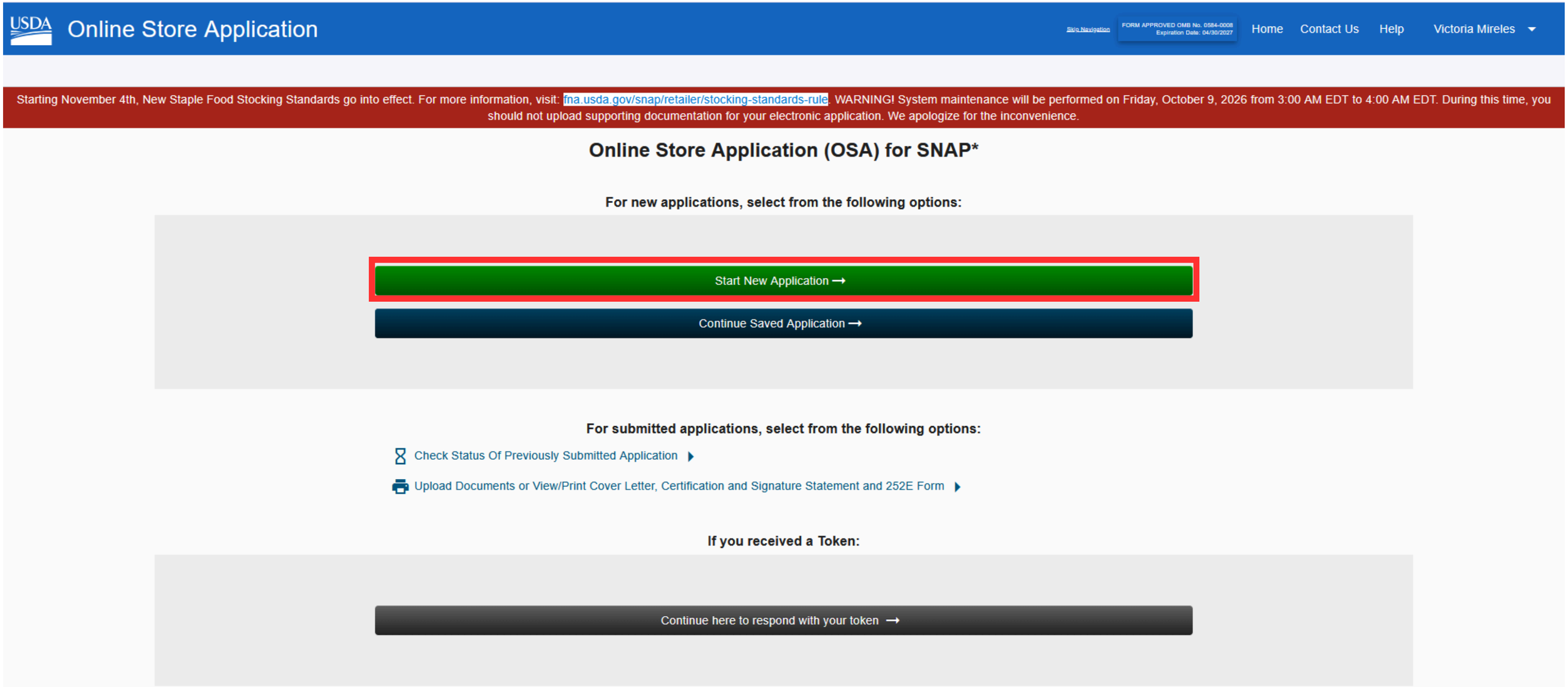
You will need to create an account!

Information you will need:

- **An Email address that you can access.**
- **Password- always keep record so you can easily log on**
- **Phone number- for Multi-factor authentication (MFA) using a text messages or phone call**
- **You can elect to create a security key (like a Yubikey) or biometric unlock (face or touch ID)**
- **A government ID card**
- **Social Security number (SSN)**



ONCE YOU ARE LOGGED IN YOU WILL SELECT:



SELECT THE APPLICATION TYPE YOU WOULD LIKE TO SUBMIT

USDA Online Store Application

FORM APPROVED OMB No. 0584-0008 Expiration Date: 04/30/2027 | Home | Contact Us | Help | Victoria Mireles

Starting November 4th, New Staple Food Stocking Standards go into effect. For more information, visit: fna.usda.gov/snap/retailer/stocking-standards-rule. WARNING! System maintenance will be performed on Friday, October 9, 2026 from 3:00 AM EDT to 4:00 AM EDT. During this time, you should not upload supporting documentation for your electronic application. We apologize for the inconvenience.

Application Type

Print Page

Application questions will be tailored towards your selection below.

Select an application type to get started *



Any firm (except for a Farmers' Market) should complete this application.



Farmers' markets are defined as "multi-stall markets at which farmer-producers sell food products they produced (fruits, vegetables, meat, dairy, grains, etc.) directly to the general public, at a central or fixed location."

Go

Privacy Act And Paperwork Reduction Notice

BEFORE YOU BEGIN!

Gather the following information and documents:

- Date the store opened under current ownership
- Corporate name and address
- Actual Sales information from your store’s most recent tax return
- Store hours of operation
- Copies of Photo IDS and Social Security Number/ITIN verification for all owners
- Store’s Business License



- Application Type
- Before You Begin
- Acknowledgement Agreeme...
- Basic Information
- Ownership Information
- Sales Information
- Inventory Information
- Supplemental Information
- Review and Submit

Before You Begin

Print Page

Carefully review the following steps to complete the application process

Note: The online application is a two-step process. Your application is not considered complete until you finish both steps AND the Food and Nutrition Administration (FNA) has received all supporting documentation from you.

Step #1:

1. **Gather the following information and documents before you start.**
   a. Date the store opened under the current ownership.
   b. Corporate name and address if you are a private or public corporation or nonprofit organization.
   c. Name, home address, social security number, and date of birth for all owners, partners, and officers of corporations or nonprofit organizations.
   d. Actual sales data from your store's most recent IRS business tax return, if it has been open under current ownership longer than one year. If not, an estimate of the store's annual sales.
   e. Store hours of operation.
   f. Copies of Photo ID and Social Security Number verification for all owners, partners, and officers of corporations or nonprofit organizations.
   g. Business license held by the store.
2. **Answer the online application questions.** Click the "Start Application" button below to begin.
   a. Use the "Help" link in the upper right-hand corner of the page to get help on any page in the application.
   b. Use the links on the left-hand side of each page to return to any section you already worked on.
3. **Review your application for accuracy.** Correct any mistakes before you submit your application.
4. **View and print your application.** Print an official copy of your application to keep for your records.
5. **Submit your application online, following the instructions provided.**

Step #2:

1. **Submit your supporting documents to FNA.** Instructions regarding your supporting documents are provided on-screen AFTER you submit your application and are specific to your application.
2. After you submit your supporting documents to FNA, you can return to https://www.fna.usda.gov/snap/retailer to check the status of your online application.

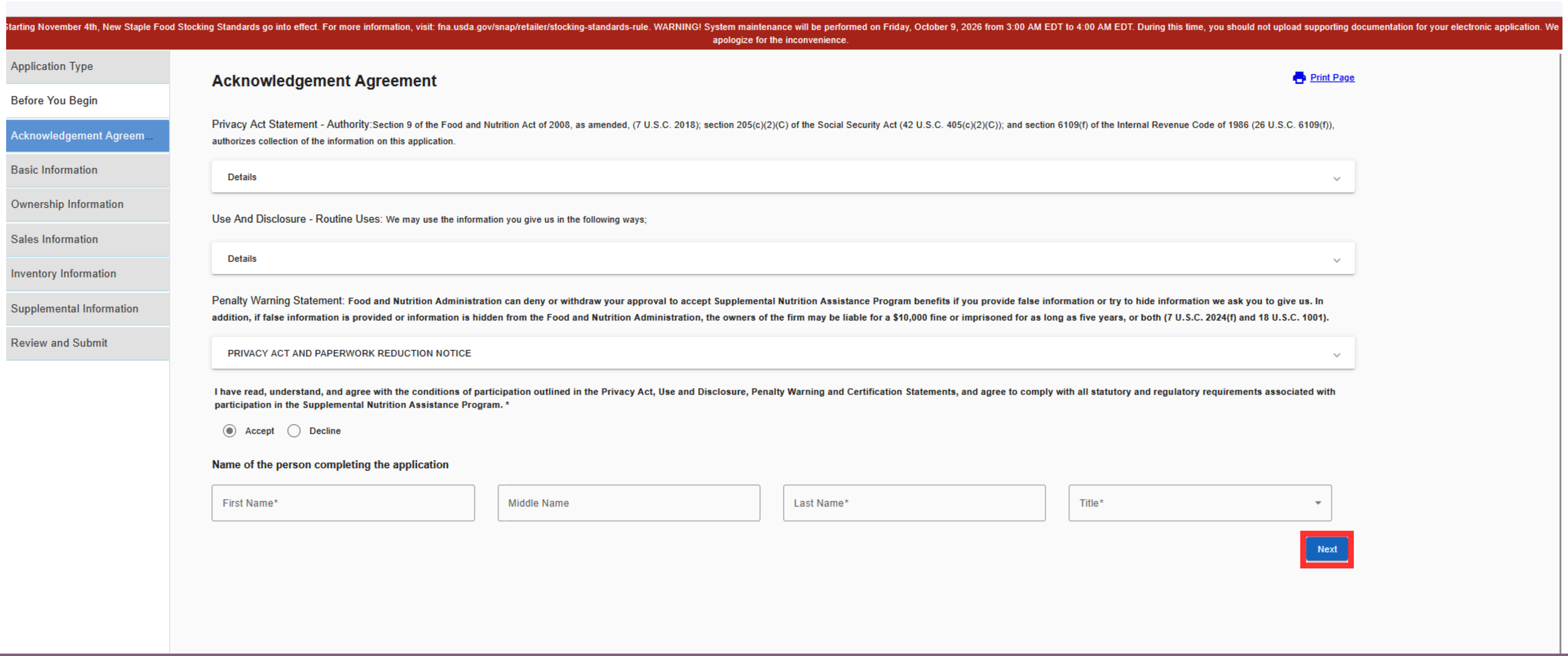
TIP: You can save your application and return to finish it up to 30 days after you start. FNA deletes all saved applications that are not completed within 30 days.

Do not use this form if you are applying **as a restaurant**. Click Contact Us to request further information.

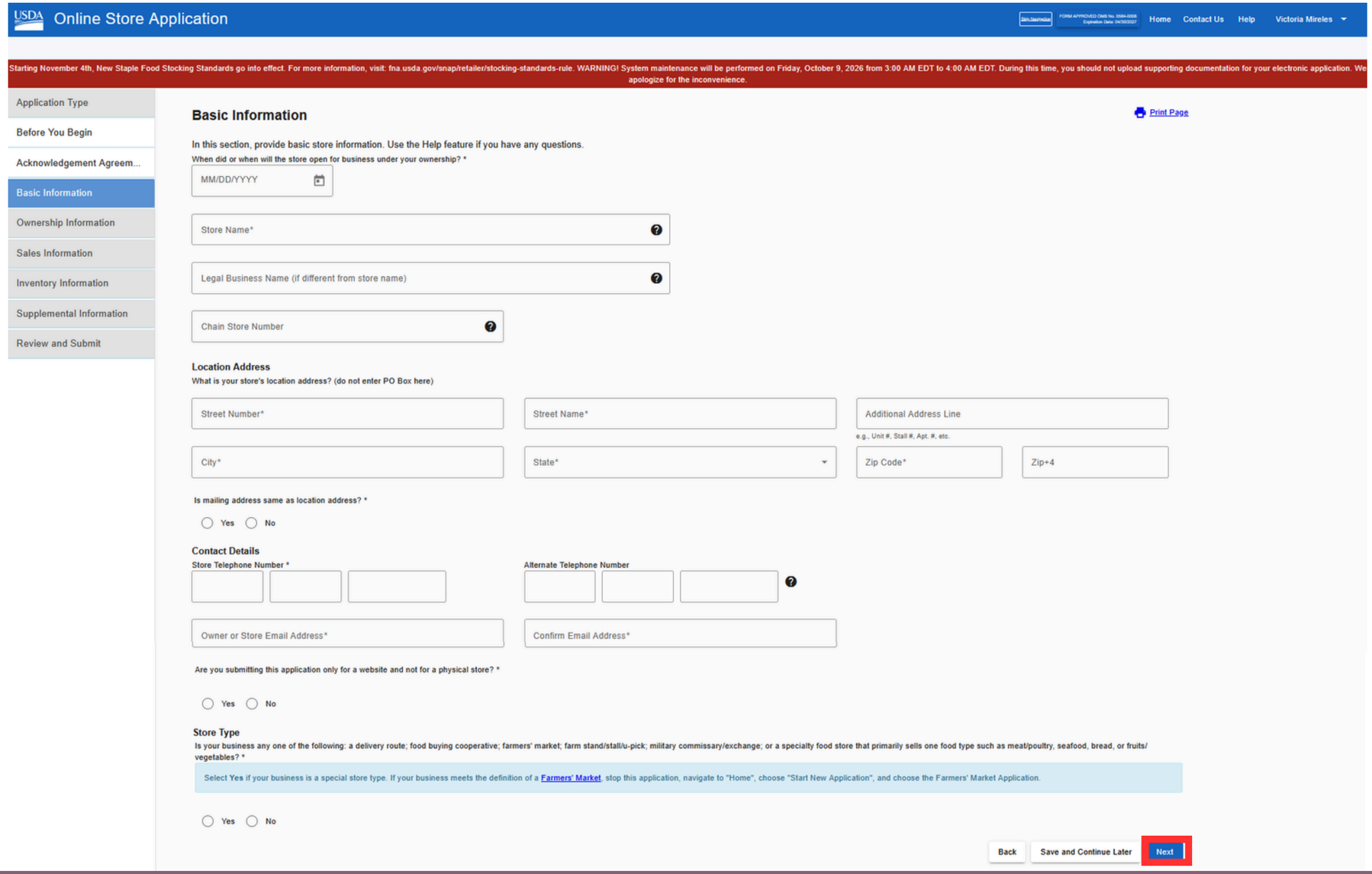
If you are a SNAP-eligible retailer who wants to add SNAP-EBT to your website, please **do not complete the online application**. Instead, follow the requirements listed on the SNAP Online Purchasing Pilot website.

Start Application

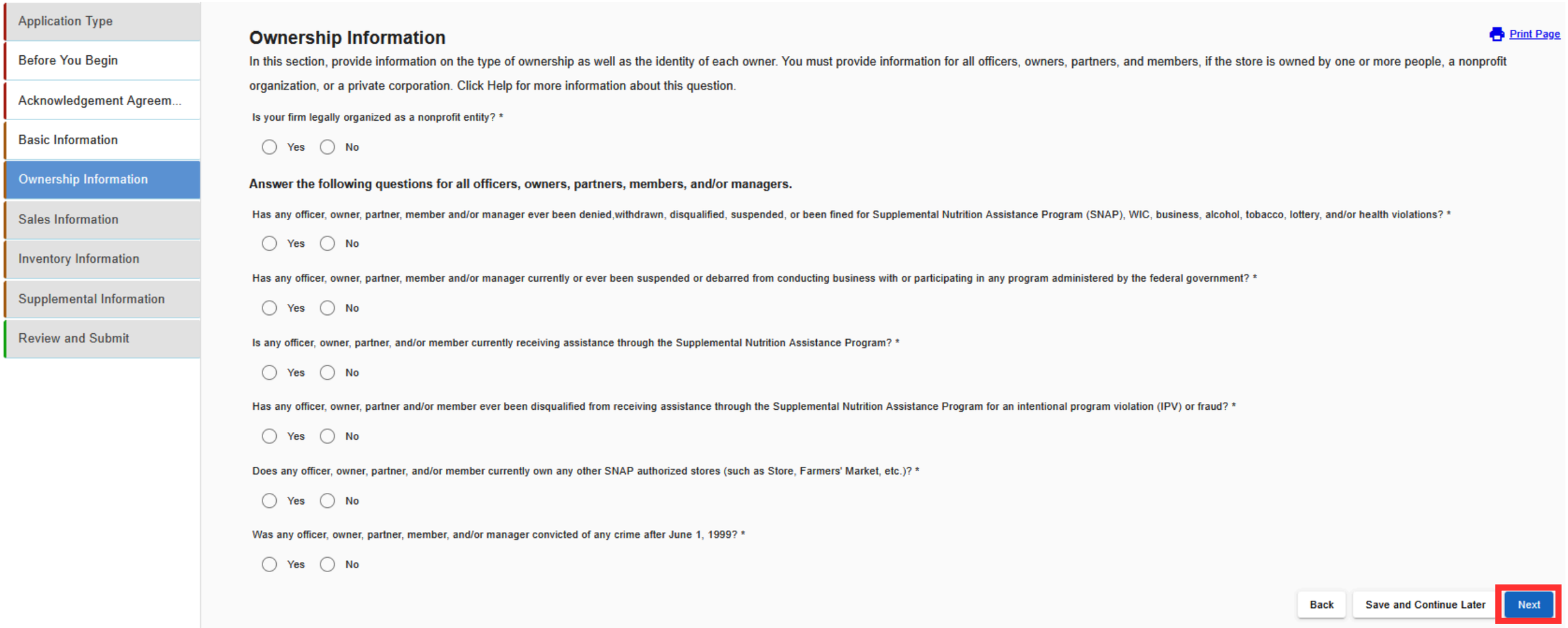
ACKNOWLEDGEMENT AGREEMENT



BASIC INFORMATION



OWNERSHIP INFORMATION



SALES INFORMATION

- Application Type
- Before You Begin
- Acknowledgement Agreeme...
- Basic Information
- Ownership Information
- Sales Information
- Inventory Information
- Supplemental Information
- Review and Submit

Sales Information

Print Page

In this section, you will specify the store sales information.

Do you sell products 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 store 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 store.** If your store 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 store (both food and nonfood products and services). If you sell products wholesale to other businesses, do not include those sales.

$ Total Retail Sales* .00

Tax Year *

Enter the total retail sales percentage for each sales category for products you sell at this store 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 store 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%**

Back | Save and Continue Later | Next

INVENTORY INFORMATION

- Application Type
- Before You Begin
- Acknowledgement Agreeme...
- Basic Information
- Ownership Information
- Sales Information
- **Inventory Information**
- Supplemental Information
- Review and Submit

Inventory Information

Print Page

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 store.

Answer the following questions regarding staple food varieties that you have currently and on a continuous basis in your store. 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 Grains staple food category
(Examples: rice, whole grain pasta, flour, whole grain bread, flour tortillas, etc.) *

Indicate the number of varieties in the Dairy products staple food category
(Examples: milk, soymilk, cheese, yogurt, infant formula, etc.) *

Indicate the number of varieties in the Protein staple food category
(Examples: beef, beans, eggs, tuna, etc.) *

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

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

Do you have at least three stocking units of at least three varieties in the Grains category
(Examples of varieties: 3 bags of rice, 3 boxes of whole wheat pasta, 3 bags of flour, 3 loaves of whole grain bread, 3 packages of flour tortillas, etc.)? * ○ Yes ○ No

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

Do you have at least three stocking units of at least three varieties in the Protein category
(Examples of varieties: 3 packages of ground beef, 3 cans of beans, 3 cartons of eggs, 3 cans of tuna, etc.)? * ○ Yes ○ No

Do you have at least three stocking units of at least three varieties in the Vegetables or Fruits category
(Examples of varieties: 3 apples, 3 tomatoes, 3 cans of peaches, 3 bunches of carrots, 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.

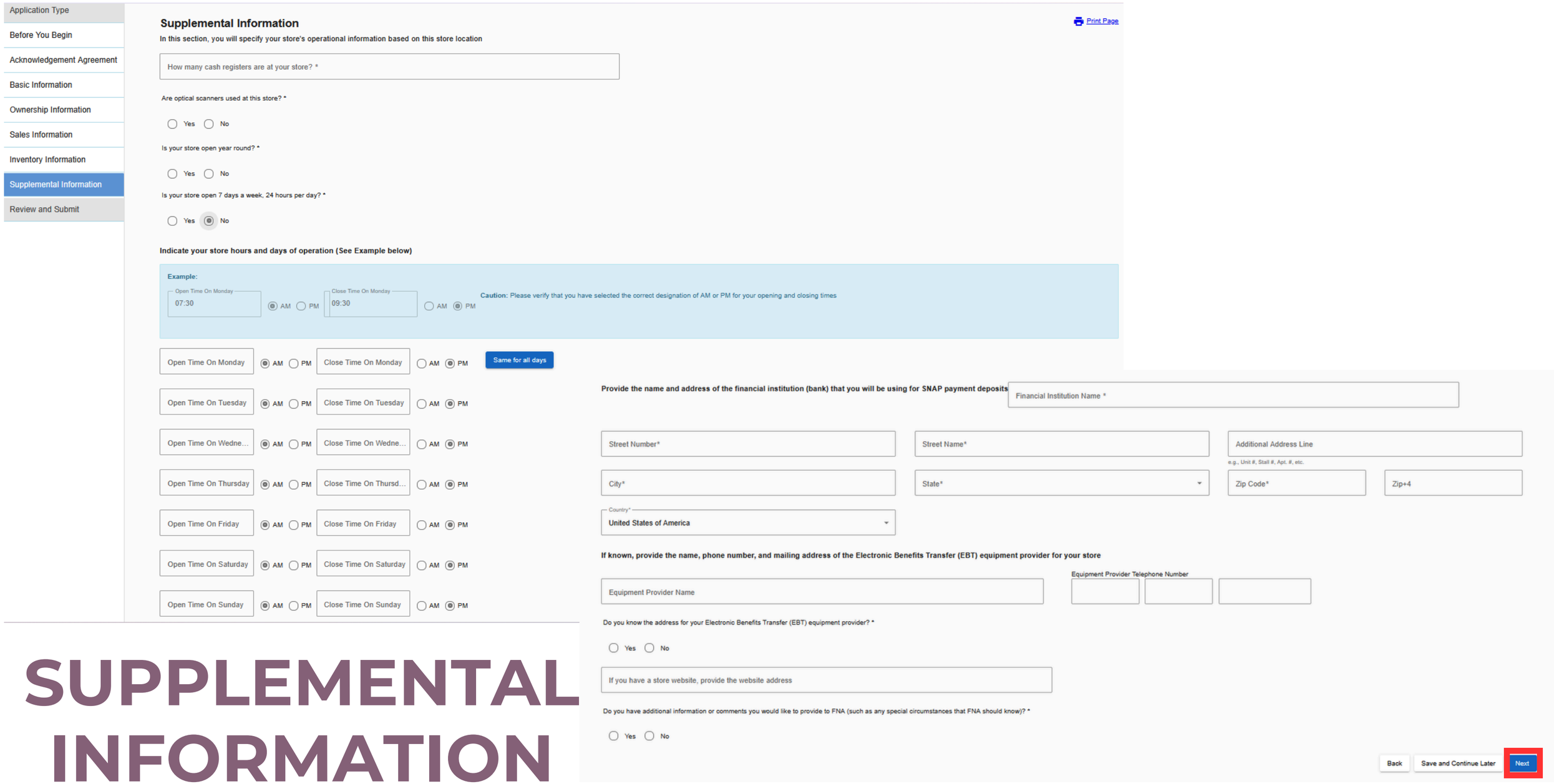
Do you have at least one variety of perishable foods in the Grains category
(Examples: whole grain bread, flour tortillas, etc.)? * ○ Yes ○ No

Do you have at least one variety of perishable foods in the Dairy products category
(Examples: refrigerated milk, refrigerated yogurt, etc.)? * ○ Yes ○ No

Do you have at least one variety of perishable foods in the Protein category
(Examples: fresh eggs, frozen chicken, etc.)? * ○ Yes ○ No

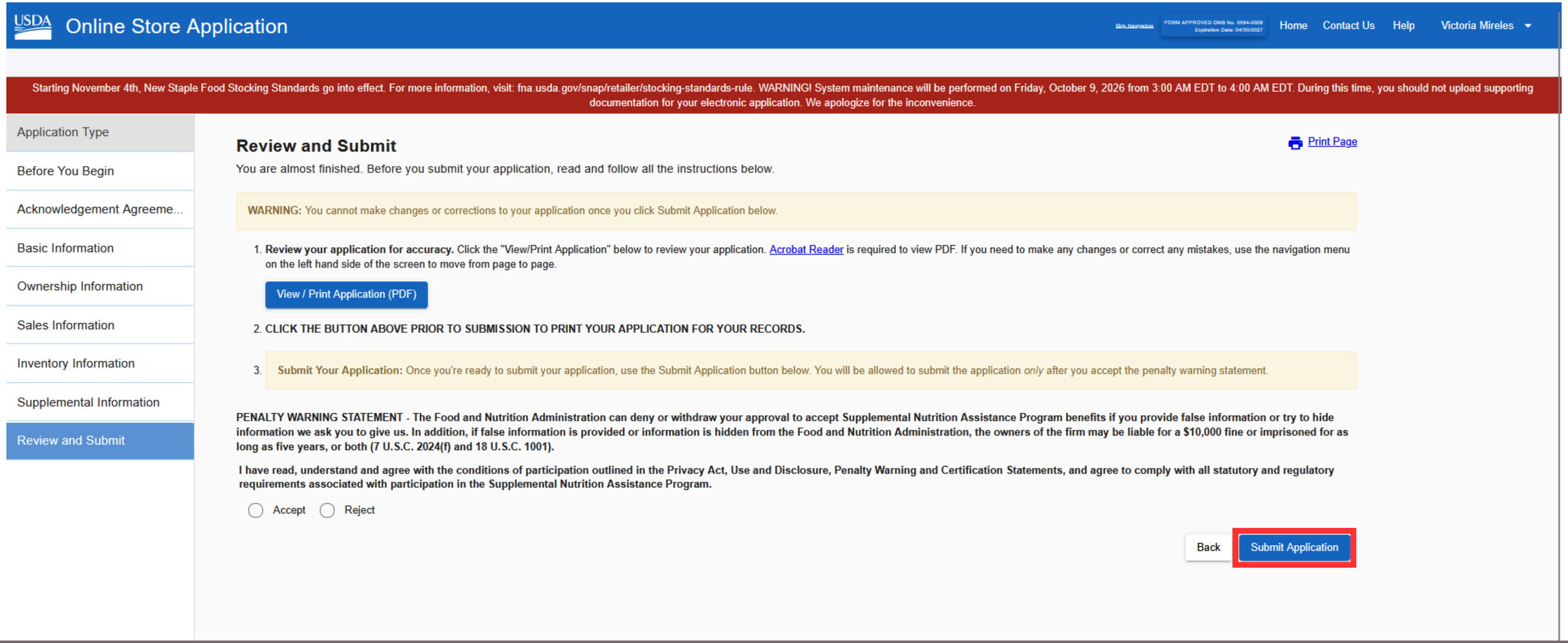
Do you have at least one variety of perishable foods in the Vegetables or Fruits category
(Examples: fresh apples, frozen broccoli, etc.)? * ○ Yes ○ No

Back | Save and Continue Later | Next

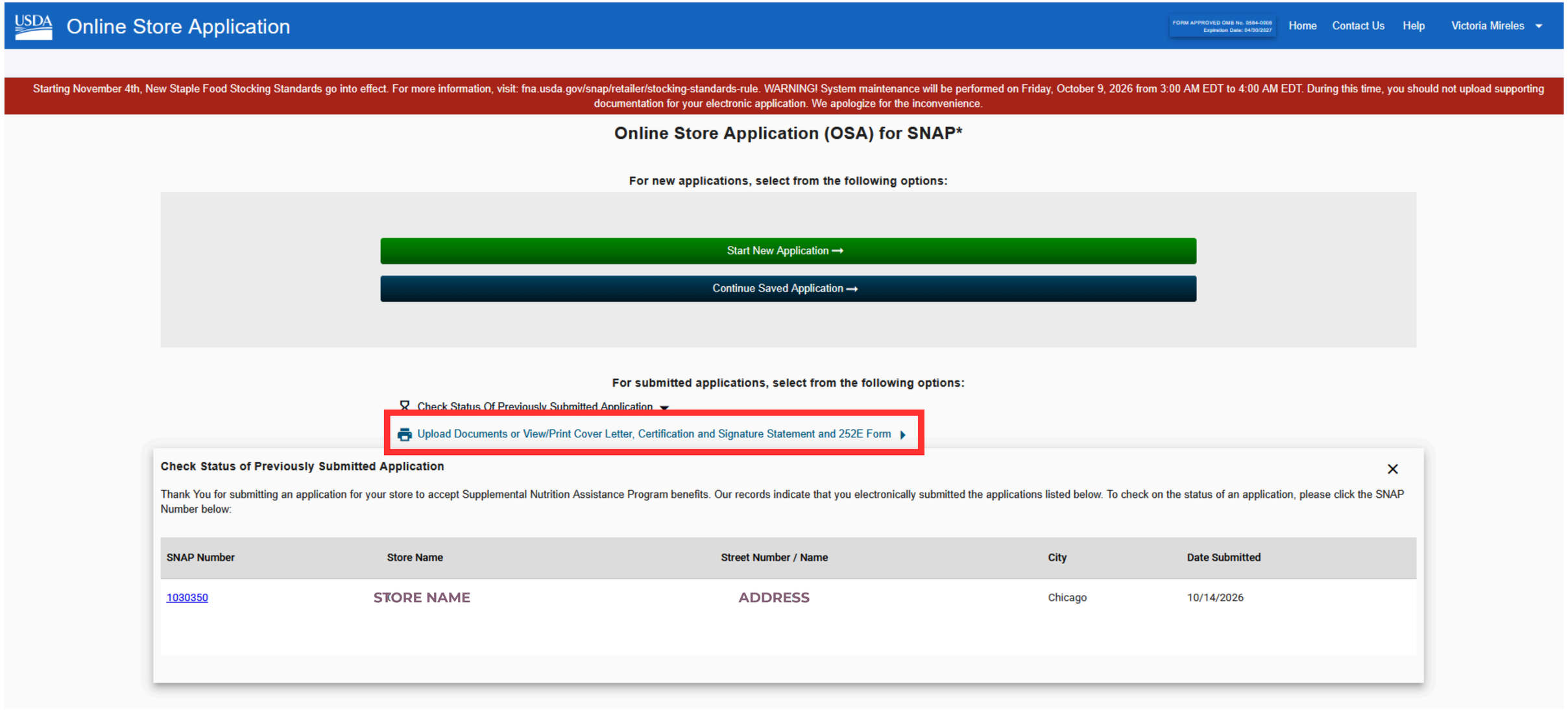


SUPPLEMENTAL INFORMATION

REVIEW AND SUBMIT



UPLOAD DOCUMENTS



DIRECT LINK TO DOCUMENTS

For submitted applications, select from the following options:

Check Status Of Previously Submitted Application

Upload Documents or View/Print Cover Letter, Certification and Signature Statement and 252E Form

Take actions on Previously Submitted Application

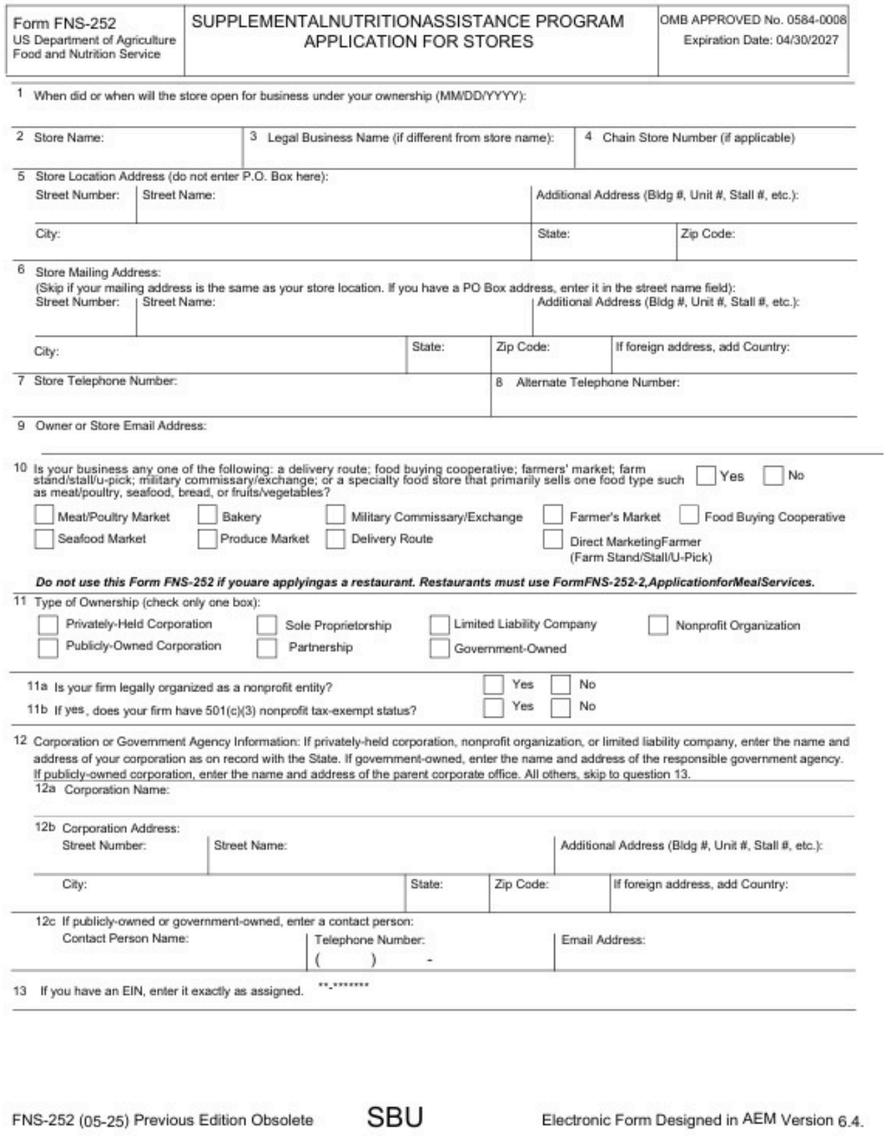
- You may print a Document Cover Letter, Certification & Signature Statement, Food Waiver Attestation and 252E Form for an application that you already submitted. The Document Cover Letter is pre-populated with basic information about your application and includes a summary of all supporting documentation required. Including the Document Cover Letter when you mail supporting documents ensures that we are able to match your documents to your application file. **Failure to include a Document Cover Letter if you mail your supporting documents may delay the processing of your application.**
- To print a Document Cover Letter, Certification and Signature Statement, Food Waiver Attestation or 252E Form please click on the respective link from the list of submitted applications below:
- The 252E Form will only be available to print for applications submitted in the current month and previous month.
- Acrobat Reader is required to view PDF

SNAP Number	Store Name	Street Number / Name	City	Date Submitted	Documents
1030350	STORE NAME	ADDRESS	Chicago	10/14/2026	252E Form Cover Letter Certification Statement Food Waiver Attestation Form Upload Documents

If you received a Token:

Continue here to respond with your token →

252E FORM



Form FNS-252
US Department of Agriculture
Food and Nutrition Service

SUPPLEMENTALNUTRITIONASSISTANCE PROGRAM
APPLICATION FOR STORES

OMB APPROVED No. 0584-0008
Expiration Date: 04/30/2027

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

2 Store Name: | 3 Legal Business Name (if different from store name): | 4 Chain Store Number (if applicable)

5 Store Location Address (do not enter P.O. Box here):
Street Number: | Street Name: | Additional Address (Bldg #, Unit #, Stall #, etc.):
City: | State: | Zip Code:

6 Store Mailing Address:
(Skip if your mailing address is the same as your store location. If you have a PO Box address, enter it in the street name field):
Street Number: | Street Name: | Additional Address (Bldg #, Unit #, Stall #, etc.):
City: | State: | Zip Code: | If foreign address, add Country:

7 Store Telephone Number: | 8 Alternate Telephone Number:

9 Owner or Store Email Address:

10 Is your business any one of the following: a delivery route; food buying cooperative; farmers' market; farm stand/stall/u-pick; military commissary/exchange; or a specialty food store that primarily sells one food type such as meat/poultry, seafood, bread, or fruits/vegetables? ☐ Yes ☐ No

☐ Meat/Poultry Market ☐ Bakery ☐ Military Commissary/Exchange ☐ Farmer's Market ☐ Food Buying Cooperative
☐ Seafood Market ☐ Produce Market ☐ Delivery Route ☐ Direct MarketingFarmer (Farm Stand/Stall/U-Pick)

Do not use this Form FNS-252 if youare applyingas a restaurant. Restaurants must use FormFNS-252-2,ApplicationforMealServices.

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

11a Is your firm legally organized as a nonprofit entity? ☐ Yes ☐ No
11b If yes, does your firm have 501(c)(3) nonprofit tax-exempt status? ☐ Yes ☐ No

12 Corporation or Government Agency Information: If privately-held corporation, nonprofit organization, or limited liability company, enter the name and address of your corporation as on record with the State. If government-owned, enter the name and address of the responsible government agency. If publicly-owned corporation, enter the name and address of the parent corporate office. All others, skip to question 13.
12a Corporation Name:

12b Corporation Address:
Street Number: | Street Name: | Additional Address (Bldg #, Unit #, Stall #, etc.):
City: | State: | Zip Code: | If foreign address, add Country:

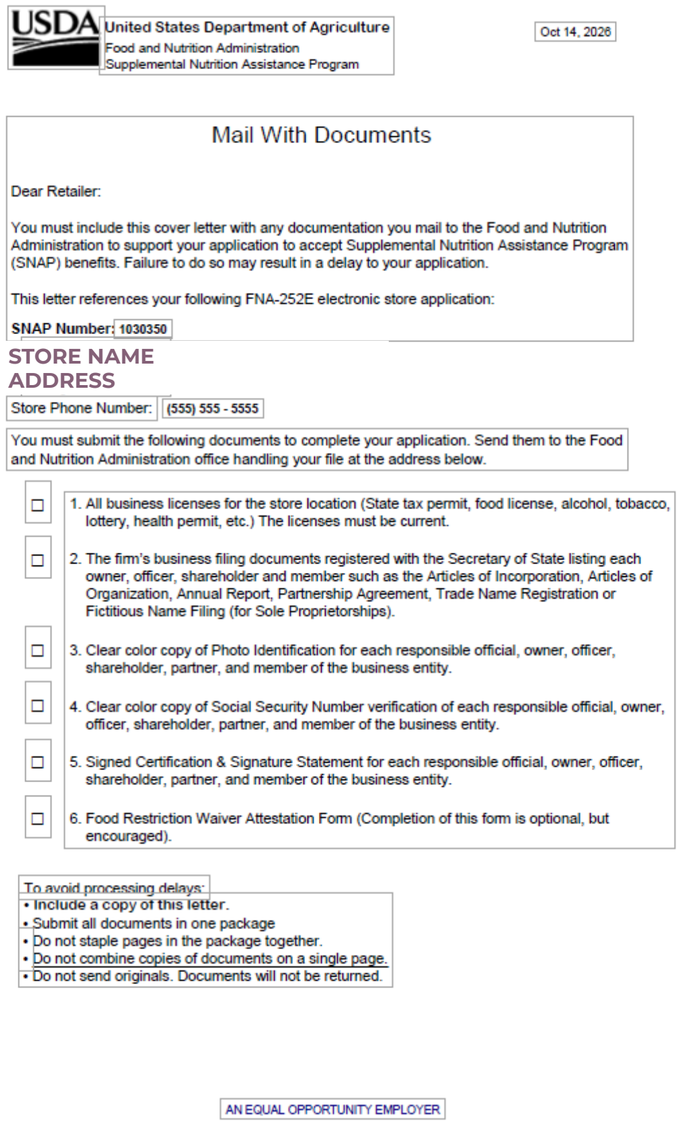
12c If publicly-owned or government-owned, enter a contact person:
Contact Person Name: | Telephone Number: ( ) - | Email Address:

13 If you have an EIN, enter it exactly as assigned. **-*******

FNS-252 (05-25) Previous Edition Obsolete SBU Electronic Form Designed in AEM Version 6.4.
Page 1

A copy of the application you filled out.

COVER LETTER



USDA United States Department of Agriculture
Food and Nutrition Administration
Supplemental Nutrition Assistance Program

Oct 14, 2026

Mail With Documents

Dear Retailer:

You must include this cover letter with any documentation you mail to the Food and Nutrition Administration to support your application to accept Supplemental Nutrition Assistance Program (SNAP) benefits. Failure to do so may result in a delay to your application.

This letter references your following FNA-252E electronic store application:

SNAP Number: 1030350

STORE NAME
ADDRESS

Store Phone Number: (555) 555 - 5555

You must submit the following documents to complete your application. Send them to the Food and Nutrition Administration office handling your file at the address below.

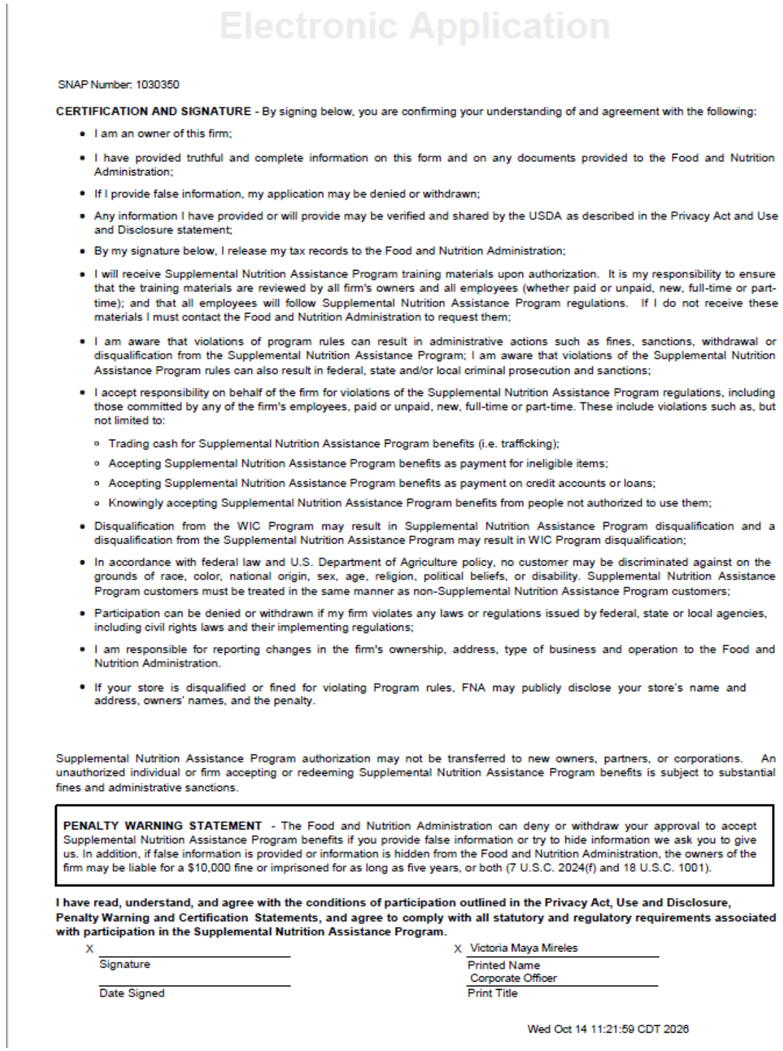
- ☐ 1. All business licenses for the store location (State tax permit, food license, alcohol, tobacco, lottery, health permit, etc.) The licenses must be current.
- ☐ 2. The firm's business filing documents registered with the Secretary of State listing each owner, officer, shareholder and member such as the Articles of Incorporation, Articles of Organization, Annual Report, Partnership Agreement, Trade Name Registration or Fictitious Name Filing (for Sole Proprietorships).
- ☐ 3. Clear color copy of Photo Identification for each responsible official, owner, officer, shareholder, partner, and member of the business entity.
- ☐ 4. Clear color copy of Social Security Number verification of each responsible official, owner, officer, shareholder, partner, and member of the business entity.
- ☐ 5. Signed Certification & Signature Statement for each responsible official, owner, officer, shareholder, partner, and member of the business entity.
- ☐ 6. Food Restriction Waiver Attestation Form (Completion of this form is optional, but encouraged).

To avoid processing delays:
- Include a copy of this letter.
- Submit all documents in one package
- Do not staple pages in the package together.
- Do not combine copies of documents on a single page.
- Do not send originals. Documents will not be returned.

AN EQUAL OPPORTUNITY EMPLOYER

Matched Documents to your Application if you prefer to mail supporting documents

CERTIFICATION STATEMENT



Electronic Application

SNAP Number: 1030350

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 Administration;
- 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 Administration;
- 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 Administration 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 Administration.
- If your store is disqualified or fined for violating Program rules, FNA may publicly disclose your store's name and address, owners' names, and the penalty.

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 Administration 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 Administration, 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

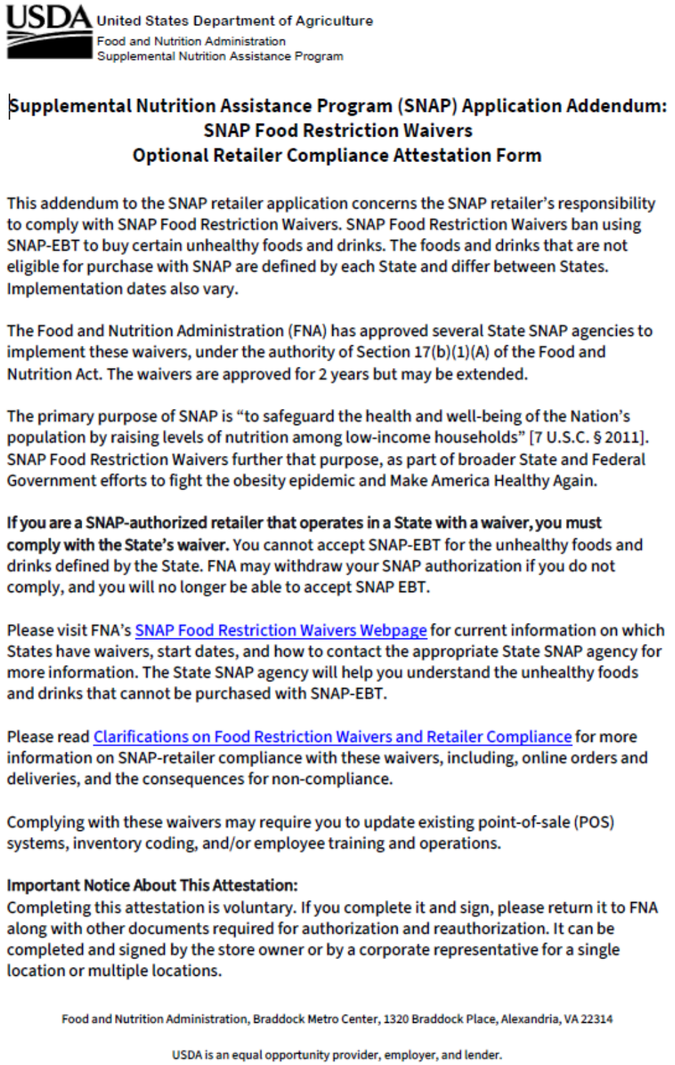
X Victoria Maya Mireles
Printed Name
Corporate Officer
Print Title

Wed Oct 14 11:21:59 CDT 2026

A document signed by the store owner, partner, corporate officer, or authorized representative certifying that:

- **All information provided in the SNAP application is true and accurate.**
- **The applicant understands and agrees to follow SNAP regulations.**
- **The business acknowledges that submitting false information may result in denial, disqualification, fines, or criminal penalties.**
- **The signer has the authority to apply on behalf of the business.**

FOOD WAIVER ATTESTATION



USDA United States Department of Agriculture
Food and Nutrition Administration
Supplemental Nutrition Assistance Program

Supplemental Nutrition Assistance Program (SNAP) Application Addendum:
SNAP Food Restriction Waivers
Optional Retailer Compliance Attestation Form

This addendum to the SNAP retailer application concerns the SNAP retailer's responsibility to comply with SNAP Food Restriction Waivers. SNAP Food Restriction Waivers ban using SNAP-EBT to buy certain unhealthy foods and drinks. The foods and drinks that are not eligible for purchase with SNAP are defined by each State and differ between States. Implementation dates also vary.

The Food and Nutrition Administration (FNA) has approved several State SNAP agencies to implement these waivers, under the authority of Section 17(b)(1)(A) of the Food and Nutrition Act. The waivers are approved for 2 years but may be extended.

The primary purpose of SNAP is "to safeguard the health and well-being of the Nation's population by raising levels of nutrition among low-income households" [7 U.S.C. § 2011]. SNAP Food Restriction Waivers further that purpose, as part of broader State and Federal Government efforts to fight the obesity epidemic and Make America Healthy Again.

If you are a SNAP-authorized retailer that operates in a State with a waiver, you must comply with the State's waiver. You cannot accept SNAP-EBT for the unhealthy foods and drinks defined by the State. FNA may withdraw your SNAP authorization if you do not comply, and you will no longer be able to accept SNAP EBT.

Please visit FNA's SNAP Food Restriction Waivers Webpage for current information on which States have waivers, start dates, and how to contact the appropriate State SNAP agency for more information. The State SNAP agency will help you understand the unhealthy foods and drinks that cannot be purchased with SNAP-EBT.

Please read Clarifications on Food Restriction Waivers and Retailer Compliance for more information on SNAP-retailer compliance with these waivers, including, online orders and deliveries, and the consequences for non-compliance.

Complying with these waivers may require you to update existing point-of-sale (POS) systems, inventory coding, and/or employee training and operations.

Important Notice About This Attestation:
Completing this attestation is voluntary. If you complete it and sign, please return it to FNA along with other documents required for authorization and reauthorization. It can be completed and signed by the store owner or by a corporate representative for a single location or multiple locations.

Food and Nutrition Administration, Braddock Metro Center, 1320 Braddock Place, Alexandria, VA 22314

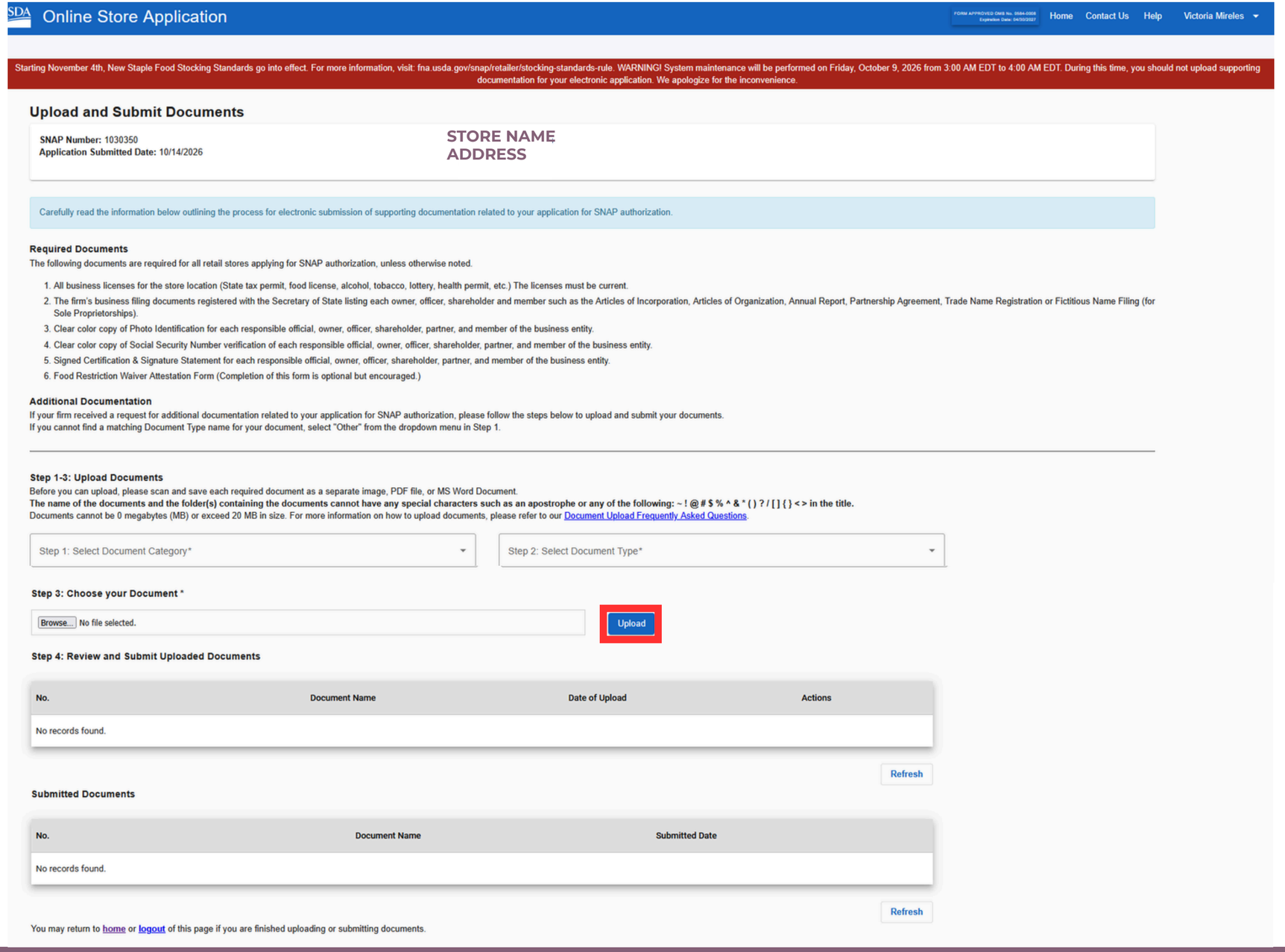
USDA is an equal opportunity provider, employer, and lender.

Only required in certain states that have implemented a SNAP Food Restriction Waiver.

By signing the attestation, retailers confirm they:

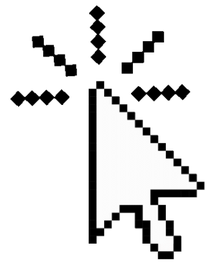
- **Understand the state's SNAP food restriction rules.**
- **Will restrict purchases of any foods prohibited under the waiver.**
- **Will train employees on SNAP compliance.**
- **Will maintain proper records and receipts.**
- **Will cooperate with audits and investigations.**
- **Agree to comply with all SNAP retailer requirements.**

UPLOAD AND SUBMIT



NEXT STEPS

- **The FNA will respond within 45 days of application receipt.**
- **An agent may conduct a visit to your business and they may or may not let you know ahead of time.**
- **Make sure you maintain the stock of staple goods stated in your application.**
- **You are not able to accept EBT Payment until you have been approved.**
- **You will receive an approval letter from FNA.**



ANY QUESTIONS?



THANK YOU



Victoria Maya Mireles
Business Advisor
v.mireles@greatersouthwest.org

OFFICE

2601 West 63rd

773.436.1000 EXT448

www.greatersouthwest.org

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