



Mail with Documents

**United States
Department of
Agriculture**

Food and
Nutrition
Service

Supplemental Nutrition
Assistance Program

Dear Retailer:

You must include this cover letter with any documentation you submit to the Food and Nutrition Service 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 FNS-252E electronic store application:

FNS Number: 0417336
Rusk County Farmers Market
W 4th Street
Ladysmith, WI 54848

Store Phone Number: **(715) 532 - 3791**

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

- ☐ Certification and Signature Statement.
- ☐ Copy of at least one of your current licenses to do business at the store location listed above.
- ☐ Copy of photo identification for all owners, partners, corporate officers/shareholders. If this is a community property state, also submit copy of photo identification for spouses.
- ☐ Copy of the Social Security number card for all owners, partners, corporate officers/shareholders. If this is a community property state, also submit copy for spouses.

You may check the status of your application online at www.fns.usda.gov/snap. You may also check our web site to obtain training materials to ensure that you and your employees understand the rules and regulations of SNAP. If you have any questions regarding your application, please contact:

Food and Nutrition Service, USDA
PO Box 14500
Washington, DC 20044

Phone: **(877) 823 - 4369**

Sincerely,

Food and Nutrition Service, USDA

Supplemental Nutrition Assistance Program (SNAP)

Electronic Application

Mail With Documents

FNS Number: **0417336**

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- If I provide false information, my application may be denied or withdrawn;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 in the Privacy Act and Use and Disclosure statement;
- By my signature below, I release my tax records to the Food and Nutrition Service;
- I will receive Supplemental Nutrition Assistance Program training materials upon authorization. It is my responsibility to ensure that the training materials are reviewed by all firm's owners and all employees (whether paid or unpaid, new, full-time or part-time); and that all employees will follow Supplemental Nutrition Assistance Program regulations. If I do not receive these materials I must contact the Food and Nutrition Service to request them;
- I am aware that violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Supplemental Nutrition Assistance Program; I am aware that violations of the Supplemental Nutrition Assistance Program rules can also result in Federal, State and/or local criminal prosecution and sanctions;
- I accept responsibility on behalf of the firm for violations of the Supplemental Nutrition Assistance Program regulations, including those committed by any of the firm's employees, paid or unpaid, new, full-time or part-time. These include violations such as, but not limited to:
 - Trading cash for Supplemental Nutrition Assistance Program benefits (i.e. trafficking);
 - Accepting Supplemental Nutrition Assistance Program benefits as payment for ineligible items;
 - Accepting Supplemental Nutrition Assistance Program benefits as payment on credit accounts or loans;
 - Knowingly accepting Supplemental Nutrition Assistance Program benefits from people not authorized to use them.
- Disqualification from the WIC Program may result in Supplemental Nutrition Assistance Program disqualification and a disqualification from the Supplemental Nutrition Assistance Program may result in WIC Program disqualification.
- In accordance with Federal law and U.S. Department of Agriculture policy, no customer may be discriminated against on the grounds of race, color, national origin, sex, age, religion, political beliefs, or disability. Supplemental Nutrition Assistance Program customers must be treated in the same manner as non-Supplemental Nutrition Assistance Program customers;
- Participation can be denied or withdrawn if my firm violates any laws or regulations issued by Federal, State or local agencies, including civil rights laws and their implementing regulations;
- I am responsible for reporting changes in the firm's ownership, address, type of business and operation to the Food and Nutrition Service.

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

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us.

In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

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

X _____
Signature

X _____
Print Name

Date Signed

Print Title



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Print Name

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