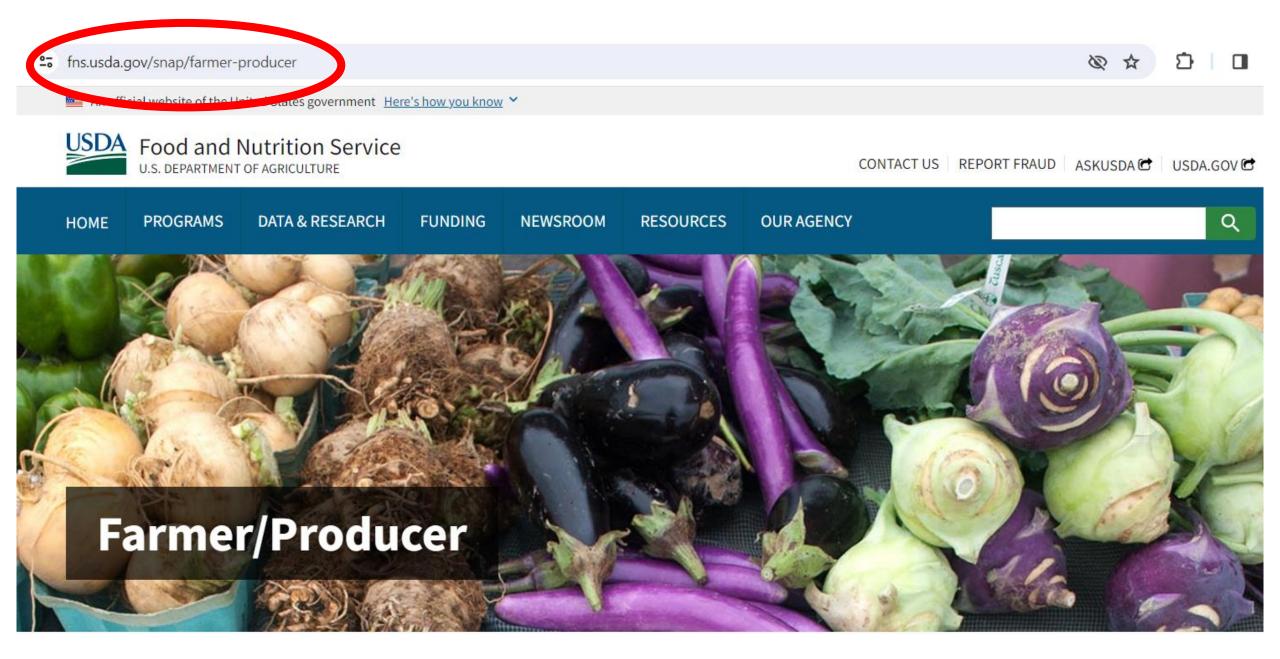
MN Farmers' Market Academy Onboarding Direct Marketing Farmers to Accept SNAP EBT, MB & MB Produce

Kathy Zeman

Executive Director, MN Farmers' Market Association info@mfma.org |https://mfma.org/Farmers-Market-Academy January 2024

MINNESOTA FARMER'S MARKet Associatio







CONTACT US REPORT FRAUD ASKUSDA C USDA.GOV

HOME	PROGRAMS	DATA & RESEARCH	FUNDING	NEWSROOM	RESOURCES	OUR AGENCY	Q		
SNAP	plicant/Recipien	t	other healthy	0	nmitted to expand	Markets (DMFs/FMs) are great sour ing access to these foods by SNAP r	rces of fresh fruits, vegetables, and recipients while supporting economic		
Ret	tailer		lf you have qu	estions about SN	AP Farmers' Mark	ets, email <u>SM.FN.ROB-WC1RETRepl</u>	<u>y@usda.gov</u> .		
Sta	te/Local Agency			tion Infor					
Fai	Farmer/Producer		If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply online to accept SNAP</u> and check the <u>status of your application</u> If you are the owner/manager of a DMF/FA, you can <u>apply owner/manager</u>						
	What is EBT?		Please review <u>SNAP benefits</u>	0	erials, which expla	in program rules and requirements	, and familiarize yourself with <u>how</u>		



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



SNAP Retail Food Stores and Farmers Markets

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

Do not complete an application if:

- You are not a Retail Food Store or a Famers Market. Instead, call the <u>SNAP Retailer Service Center</u> 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 <u>retailer requirements page</u>.



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).

An official website of the United States government Here's how you know V

Language

R

LOGIN.GOV

What is Login.gov? Who uses Login.gov? Create an account Help center

Create an account

Join the millions of people who trust Login.gov for safe, secure access to government agencies.



1. Email address

- We recommend a personal email address that you'll always be able to access rather than a work email address.
- If you already have an account with Login.gov with that email address, we'll send you an email to let you know how you can reset your password and access the account.



2. Secure password

• Passwords must be at least 12 characters and should not include commonly used words or phrases.



3. One or more <u>authentication</u> <u>methods</u> such as:

• More secure

- Face or touch unlock
- Security key
- Authentication application
- Federal government employee or military identification (PIV/CAC)
- Less secure
 - Text/voice message
 - Backup codes



Sign in	Create an account
Create an accoun	t for new users
Enter your email address	
simpleharvestfarmorg	anics@gmail.com
Login.gov allows you to receive	
Select your email language pro Login.gov allows you to receive English, Spanish or French. O English (default) O Español	

✓ I read and accept the Login.gov <u>Rules of Use</u>



Check your email

We sent an email to **simpleharvestfarmorganics@gmail.com** with a link to confirm your email address. Follow the link to continue creating your account.

Didn't receive an email? Resend

Or, use a different email address

You can close this window if you're done.

Confirm your email Inbox ×

Login.gov <no-reply@login.gov> to me •

ULOGIN.GOV

Confirm your email

Thanks for submitting your email address. Please click the link below or copy and paste the entire link into your browser. This link will expire in 24 hours.

Confirm email address

https://secure.login.gov/sign_up/email/confirm?confirmation_ token=ahu6xujNmrAM8UVhWqDs You have confirmed your email address

Create a strong password

Your password must be **12 characters** or longer. Don't use common phrases or repeated characters, like abc or 111.

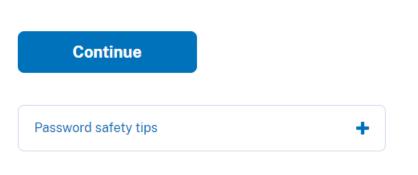
Password

•••••

Confirm password

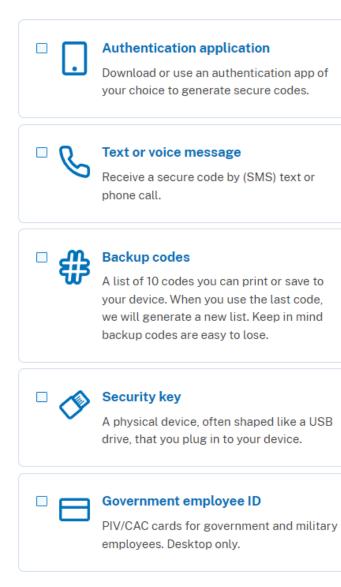
Show password

Password strength: Great



Authentication method setup

Add another layer of security by selecting a multi-factor authentication method. We recommend you select at least two different options in case you lose one of your methods.



Add a phone number

We'll send you a one-time code each time you sign in.

Message and data rates may apply. Do not use web-based (VOIP) phone services or premium rate (toll) phone numbers.

Phone number



How you'll get your code



You can change this anytime. If you use a landline number, select "Phone call."



This site is protected by reCAPTCHA and the Google <u>Privacy</u> <u>Policy</u> 2 and <u>Terms of Service</u> 2 apply. Read Login.gov's

Mobile Terms of Use 🛛 .

Choose another authentication method

Enter your one-time code

We sent a text (SMS) with a one-time code to **+1 507-664-9446**. This code will expire in 10 minutes.

One-time code Example: 123456 Remember this browser Submit Send another code Having trouble? Here's what you can do: Us

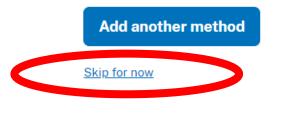
Use another phone number	>
I didn't receive my one-time code 🛛	>
Learn more about authentication options 🛙	>

A phone was added to your account.



You've added your first authentication method! Add a second method as a backup.

Adding another authentication method prevents you from getting locked out of your account if you lose one of your methods.



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Welcome simpleharvestfarmorganics@gmail.com

Your Account	Your account	
Add email address		
Edit password	Email preferences	
Delete account	Email addresses	
Your authentication methods	simpleharvestfarmorganics@gmail.com + Add new email	
Add phone number	Language	
Add authentication apps	English	<u>Edit</u>
Add face or touch unlock		
Add security key		
Add federal employee ID	Password	dit
Get backup codes		
Your connected accounts		
History	Phone numbers	
Forget all browsers	+1 507-664-9446 <u>Mana</u>	age
Customer support	+ Add phone	

1. Create a Login.gov e 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).

🕫 eauth.usda.gov/eauth/b/usda/login?showmobilelinc=true&TRYIWA=TRUE&TYPE=33554433&REALMOID=06-ad4c616f-c20c-4330-92b4-10597fb5b498&GUID=... 🛠 🗋

An official website of the United States government Here's how you know ~ EAUTHOR CREATE ACCOUNT OF AGRICULTURE HOME CREATE ACCOUNT MANAGE ACCOUNT ~ HELP ~ CREATE ACCOUNT MANAGE ACCOUNT ~ HELP ~

Not a Customer? Change user type

Select an option to continue



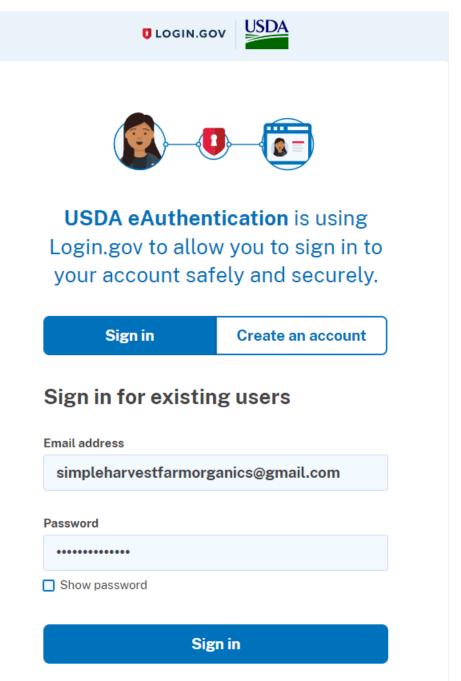




>

>

eAuth

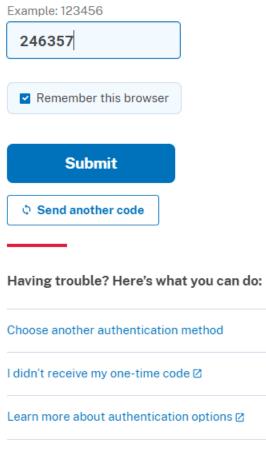


Sign in with your government employee ID

Enter your one-time code

We sent a text (SMS) with a one-time code to (***) ***-9446. This code will expire in 10 minutes.

One-time code



>

>

>



Continue to USDA eAuthentication

We'll share your information with **USDA eAuthentication** to connect your account.

🥑 Email address

simpleharvestfarmorganics@gmail.com

Add a second authentication method. You will have to delete your account and start over if you lose your only authentication method.

Agree and continue

<u>Cancel</u>

Online Store Application (OSA) for SNAP*

For new applications, select from the following options:

Start New Application \rightarrow

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 🕨

Online Store Application

Print Page

Due to the coronavirus (COVID-19) National Emergency, retailers must respond to requests for information by electronically uploading all supporting documentation that is requested by FNS. Thank you for your cooperation

tion Type

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."

USDA Online Store Application

Start Application

	Due to the coronavirus (COVID-19) National Emergency, retailers must respond to requests for information by electronically uploading all supporting documentation that is requested by FNS. Thank you for your cooperation.	
Application Type	Before You Begin	🖶 <u>Print Page</u>
Before You Begin	Carefully review the following steps to complete the application process	
Acknowledgement Agreement	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 Service (FNS) has received all supporting documentation from you.	
Basic Information	Step #1:	
Ownership Information	1. Gather the following information and documents before you start. a. Date the store opened under the current ownership.	
Sales Information	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.	
Inventory Information	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.	
Supplemental Information	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.	
Review and Submit	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 FNS. 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 FNS, you can return to https://www.fns.usda.gov/snap/retailer to check the status of your online application.	
	1 TIP: You can save your application and return to finish it up to 30 days after you start. FNS 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.	
1		

Before You Begin



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 Service (FNS) 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.

- 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 FNS. 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 FNS, you can return to <u>https://www.fns.usda.gov/snap/retailer</u> 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. FNS deletes all saved applications that are not completed within 30 days.

Do not use this form if you are applying as a restaurant. Click <u>Contact Us</u> 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 <u>website</u>.

Start Application

Application Type

Before You Begin

Acknow	ledo	rement		ireemen
ACKIIOW	ICUL	Jemen	L AU	reemen

Basic Information

Ownership Information

Sales Information

Inventory Information

Supplemental Information

Review and Submit

Acknowledgement Agreement

Details

Details



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Privacy Act Statement - Authority: Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), authorizes collection of the information on this application.

Use And Disclosure - Routine Uses: We may use the information you give us in the following ways;

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).

PRIVACY ACT AND PAPERWORK REDUCTION NOTICE

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. *

Accept O Decline			Owner
Name of the person completing the a	pplication		Officer
First Name *		Last Name *	
Kathleen	Middle Name	Zeman	Authorized Representative



Contact L

Due to the coronavirus (COVID-19) National Emergency, retailers must respond to requests for information by electronically uploading all supporting documentation that is requested by FNS. Thank you for your cooperation

Application Type

Before You Begin

Basic Information

Sales Information

Inventory Information

Ownership Information

Acknowledgement Agreement

Basic Information

🖶 Print Page

In this section, provide basic store information. Use the Help feature if you have any questions. When did or when will the store open for business under your ownership? *

My Best Farm			
--------------	--	--	--

Supplemental Information

Review and Submit

Chain Store Number

?

Location Address

What is your store's location address? (do not enter PO Box here)

Street Number * 1234	Street Name * My Street	Additional Address Line
City * My Town	State * MN	e.g., Unit #, Stall #, Apt. #, etc. Zip Code * 555555 1234

My Town			MI	4		r	55555	1234
Is mailing a		s location address? *						
Contact D Store Telept	etails none Number *		Alter	nate Telephone Number				
507	664	9446			0			

simpleharvestfarmorganics@gmail.com

simpleharvestfarmorganics@gmail.com

Are you submitting this application only for a website and not for a physical store? *

Yes No

Store Type

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? *

Select Yes if your business is a special store type. If your business meets the definition of a Farmers' Market, stop this application, navigate to "Home", choose "Start New Application", and choose the Farmers' Market Application.

Yes No

Store Type '

Direct Marketing Farmer (Farm Stand/Stall/U-... *

Ownership Information

In this section, provide information on the type of ownership as well as the identity of each owner. You must provide information for all officers, owners, partners, and members, if the store is owned by one or more people, a nonprofit organization, or a private corporation. Click Help for more information about this question.

Is your firm legally organized as a nonprofit entity? *

🔵 Yes 💿 No

What is the ownership type of this store? *

Sole Proprietorship

If you have an Employer Identification number(EIN) enter it here

(C)

Enter personal information for each owner, partner, member, officer, director or board member of record.

Enter the name exactly as it appears on social security card.

Person 1			
First Name * Kathleen	Middle Name	Last Name *	
C Street Number *	⊂ Street Name *		
1234	My Street	Additional Address Line	
		e.g., Unit #, Stall #, Apt. #, etc.	
City *	State *	Zip Code *	CZip+4
My Town	MN	55053	2403

Country * United States	s of America	.	
Social Security	Number *		Date of Birth *
123	45	6789	01/15/1975
Tul. *			
Title * Owner		Ŧ	Email Address simpleharvestfarmorganics@gmail.com

To add another officer, owner, partner, member, director, or board member, click the "Add Additional Person" button

Add Additional Person

Answer the following questions for all officers, owners, partners, members, and/or managers.

Has any officer, owner, partner, member and/or manager ever been denied, withdrawn, disqualified, suspended, or been fined for Supplemental Nutrition Assistance Program (SNAP), WIC, business, alcohol, tobacco, lottery, and/or health violations? *

🔿 Yes 💿 No

Has any officer, owner, partner, member and/or manager currently or ever been suspended or debarred from conducting business with or participating in any program administered by the federal government? *

🔿 Yes 💿 No

Is any officer, owner, partner, and/or member currently receiving assistance through the Supplemental Nutrition Assistance Program? *

Has any officer, owner, partner and/or member ever been disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (IPV) or fraud? *

🔿 Yes 💿 No

Has any officer, owner, partner and/or member ever been disqualified from receiving assistance through the Supplemental Nutrition Assistance Program for an intentional program violation (IPV) or fraud? *

🔿 Yes 💿 No

Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores (such as Store, Farmers' Market, etc.)?*

🔿 Yes 💿 No

Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1999? *

🔿 Yes 💿 No

Back Save and Continue Later Next



Cor

Due to the corona	avirus (COVID-19) National Emergency, retailers mus	st respond to requests for information by electronically uploading all supporting documentation th	at is requeste	d by FNS. Thank you for your co
Application Type	Sales Information			📑 Print Page
Before You Begin	In this section, you will specify the store s	sales information.		
Acknowledgement Agreement	Do you sell products wholesale to other busine	esses such as hospitals or restaurants? * Sales Information]
Basic Information	Do you sell gasoline? *	In this section, you will specify the store sales information.		
Ownership Information	🔿 Yes 💿 No	Do you sell products wholesale to other businesses such as hospitals or restaurants? *		
Sales Information	Total Retail Sales Select estimated or actual retail sales. If y	Yes No Do your retail food sales meet or exceed \$250,000 or 50% of your total gross sales? *		retail sales from your
Inventory Information	most recent Internal Revenue Service estimated sales.	Yes O No		ou must provide
Supplemental Information	Retail sales are:	Do you sell gasoline? *		
Review and Submit	C Estimated C Actual	Yes No	Save an	d Continue Later Next

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		Select One
\$	50,000.00	2022
		2023

Enter the total retail sales percentage for each sales category, or produces you server at this store recentor (e.g., in 2010) 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.)	90%
Accessory Foods (Examples: chips, candy, snack foods, soft drinks, condiments, etc.)	0%
lot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	0%
Cold Foods Prepared on Site (Only include items intended for immediate consumption or carry out. Examples: sandwiches, fresh alads, salad bars, etc.)	0%
Ionfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.)	10%
otal Sales Percentage (total must equal 100%)	100%



USDA Online Store Application

Home

Due to the coronavirus (COVID-19) National Emergency, retailers must respond to requests for information by electronically uploading all supporting documentation that is requested by FNS. Thank you for your coope

Application Type	Inventory Information		🖶 <u>Print Page</u>	
Before You Begin	In this section, you will specify the types of inventory that you carry at this location. Please answer the questions regarding stap 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 you		and the depth of stock	
Acknowledgement Agreement			t the number of	
Basic Information	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			
Ownership Information	Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.) *	0	•	
Sales Information				
Inventory Information	Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.) *	0	•	
Supplemental Information	Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category	10+	•	
Review and Submit	(Examples: beef, pork, eggs, tuna, etc.) *			
	Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.) *	0	•	

Do you have at least three stocking units of at least three varieties in the Breads and/or Cereals category (Examples: 3 bags of rice, 3 boxes of pasta, 3 packages of bread, etc.)? *	🔿 Yes 💿 No
Do you have at least three stocking units of at least three varieties in the Dairy products category (Examples: 3 cartons of soymilk, 3 cans of infant formula, 3 packages of cheese, etc.)? *	Yes No
Do you have at least three stocking units of at least three varieties in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, 3 packages of ground beef, etc.)? *	Yes No
Do you have at least three stocking units of at least three varieties in the Vegetables and/or Fruits category (Examples: 3 apples, 3 cans of peaches, 3 packages of lettuce, etc.)? *	Yes 💿 No
swer the following questions regarding perishable foods that you have currently and on a continu	
swer the following questions regarding perishable foods that you have currently and on a continu Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)? *	
Do you have at least one variety of perishable foods in the Breads and/or Cereals category	ous basis in your store.
Do you have at least one variety of perishable foods in the Breads and/or Cereals category Examples: bread, pita, etc.)? *	ous basis in your store. O Yes No



Due to the corona	avirus (COVID-19) National Emergency, retailers must respond	to requests for information by electronically uploading all supporting do		
Application Type	Supplemental Information			
Before You Begin	In this section, you will specify your store's operational information based on this store location			
Acknowledgement Agreement	How many cash registers are at your store? *			
Basic Information	Are optical scanners used at this store? *			
Ownership Information	Ves No			
Sales Information	Is your store open year round? *	Is your store open year round? *		
Inventory Information	Ves No	• Yes • No		
Supplemental Information	Indicate which month(s) you are open *	Is your store open 7 days a week, 24 hours per day? *		
Review and Submit	Mark all that apply	Yes No		
	Is your store open 7 days a week, 24 hours per day? *			
	Ves No			
	Indicate your store hours and days of operation	n (See Example below)		

E.c.

Is your store open year round? *

Yes No

Is your store open 7 days a week, 24 hours per day? *

🔵 Yes 💿 No

Indicate your store hours and days of operation (See Example below)

Example:				
Open Time On Monday 07:30 Caution: Please verify that	AM O PM At you have selected the content of the content	Close Time On Monday 09:30	AM PM M for your opening and closin	g times
Open Time On Monday	AM O PM	Close Time On Monday	○ AM ● PM	Same for all days
Open Time On Tuesday	AM O PM	Close Time On Tuesday	○ AM ● PM	
Open Time On Wednesday	AM O PM	Close Time On Wednesday — 03:00	◯ AM ● PM	
Open Time On Thursday	AM O PM	Close Time On Thursday	O AM PM	
Open Time On Friday		Close Time On Friday		

Financial Institution Name *			
My Bank			
Street Number *	Street Name *		
101	Main Street	Additional Address	s Line
		e.g., Unit #, Stall #, Apt. #,	etc.
City *	State *	Zip Code *	Zip+4
My Town	MN	• 55053	2403
Country *			
	•		
	•		
United States of America		Benefits Transfer (EBT) equipment prov	vider for your store
United States of America	r, and mailing address of the Electronic	Benefits Transfer (EBT) equipment prov	vider for your store
United States of America known, provide the name, phone number	r, and mailing address of the Electronic		vider for your store
United States of America	r, and mailing address of the Electronic		vider for your store
United States of America known, provide the name, phone number Equipment Provider Name	r, and mailing address of the Electronic		vider for your store
United States of America known, provide the name, phone number	r, and mailing address of the Electronic		vider for your store

If known, provide the name, phone number, and mailing address of the Electronic Benefits Transfer (EBT) equipment provider for your store

	Equipment Provider Telephone Number *		
Equipment Provider Name *			

Do you know the address for your Electronic Benefits Transfer (EBT) equipment provider? *

• Yes • No

Street Number *	Street Name *		Add	Additional Address Line		
			e.g., Un	it #, Stall #, Apt. #, etc.		
City *	State *	•	Zip	Code *	Zip+4	
Country * United States of America						
If you have a store website, provide the website address						

Do you have additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know)?*

🔿 Yes 💿 No

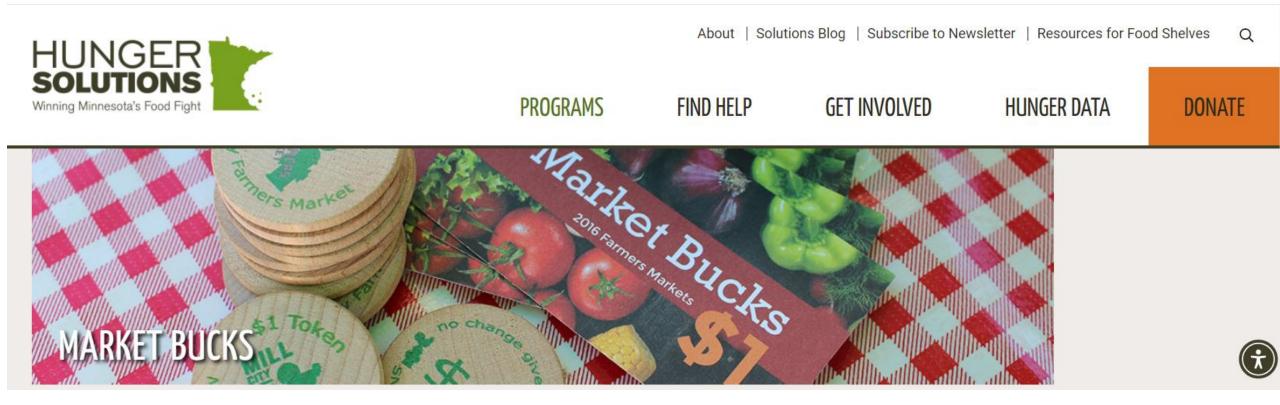


Home

Due to the coronavirus (COVID-19) National Emergency, retailers must respond to requests for information by electronically uploading all supporting documentation that is requested by FNS. Thank you for your cooperation.

Application Type	Review and Submit
Before You Begin	You are almost finished. Before you submit your application, read and follow all the instructions below.
Acknowledgement Agreement	WARNING: You cannot make changes or corrections to your application once you click Submit Application below.
Basic Information	1. Review your application for accuracy. Click the "View/Print Application" below to review your application. Acrobat Reader is required to view PDF. If you need to make any changes or correct any mistakes, use the navigation menu on the left hand side of the screen to move from page to page.
Ownership Information	View / Print Application (PDF)
Sales Information	2. CLICK THE BUTTON ABOVE PRIOR TO SUBMISSION TO PRINT YOUR APPLICATION FOR YOUR RECORDS.
Inventory Information	3. Submit Your Application: Once you're ready to submit your application, use the Submit Application button below. You will be allowed to submit the application only after you accept the penalty warning statement.
Supplemental Information	
Review and Submit	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, and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program.
	Accept Reject
	Back Submit Application

- 1. Scan your driver's license and save the file as Your-Name-Drivers-License
- 2. Scan your social security card and save the file as Your-Name-SSN-Card
- 3. Scan a Business License card and save as Your-Name-Business-License
- 4. Upload each file 1-by-1 on the next screen
- 5. FNS sends you an email to confirm application
 - 1. Email Jill Westfall at HSM to let her know you applied and would like to participate in Market Bucks in 2024
 - 1. FNS will email you with questions if needed or
 - 2. Emails you with a success message and you FNS Number!



Jill Westfall jwestfall@hungersolutions.org

DEPARTMENT OF HUMAN SERVICES

Information for retailers, farmers markets and direct marketing farmers

Retailers, farmers markets and direct marketing farmers may apply to accept Supplemental Nutrition Assistance Program Electronic Benefit Transfer (SNAP-EBT) at their store or market locations by following the steps described on this page. There is no cost to apply to accept SNAP-EBT at your store or market locations. Learn more about applying to accept SNAP-EBT <u>here</u>.

NOTE: This application is for retail food stores, farmers' markets and direct marketing farmers that would like to accept SNAP-EBT. Retail food stores, farmers markets and director marketing farmers that wants to accept SNAP-EBT on their website or mobile app must be approved by FNS to accept SNAP, then they can apply to accept SNAP-EBT on their website or mobile APP. For more information about the online purchasing requirements visit <u>Retailer Requirements to Provide Online</u> <u>Purchasing to SNAP Households | Food and Nutrition Service (usda.gov)</u> and <u>SEMTAC - National Grocers Association</u>.

Start accepting SNAP-EBT payments in 5 steps

Need to order a machine that accepts EBT payments? See step 5 below.

- Step 1. Get a USDA account
- Step 2. Complete the SNAP retailer application
- Step 3. Submit supporting documentation
- Step 4. Check application status
- Step 5. Order an EBT card reading machine

Step 5. Order an EBT card reading machine

After successful authorization, you will be issued a SNAP Permit, which includes the store name, store location, your name and the names of any additional owners, and the FNS Number. Use the FNS Number on this permit when ordering your equipment and when your POS device is programmed. If you already have equipment, talk to your current processor about programming it to accept SNAP-EBT and to get cost information.

A partial list of available vendors for SNAP-EBT equipment and services can be found here.

You are not required to select from one of the companies on the list; you should review the cost of leasing or purchasing equipment and services and make the best choice for your business. Farmer's Markets are able to get no-cost wireless equipment. Retail food stores can get no-cost equipment that accepts SNAP-EBT only (no debit, credit, etc).

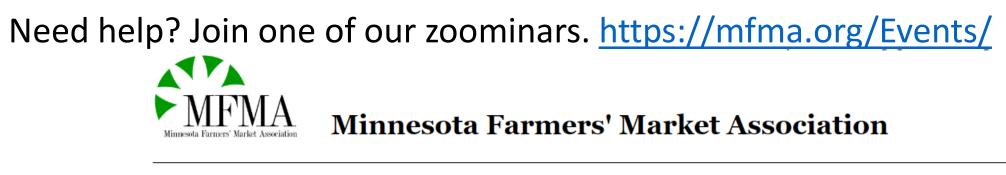
Minnesota offers free wireless point of sale (POS) equipment for FNS approved Farmers Markets and Direct Marketing Farmers in Minnesota. The equipment processes EBT benefits only and must be within range of an AT&T cell tower.

To request equipment email the following information to <a>FarmersMarket.Equipment.DHS@state.mn.us:

- Market/Farm Name
- Address
- Email
- Phone
- FNS #
- Contact Name (this must be the person approved with FNS)

Note: Equipment must be requested by the person approved by FNS to accept SNAP benefits.

- 1. MN DHS connects you with FIS to get your free card reader machine & contract to pay for all transactions.
- 2. FIS will work with you to get your card reader machine operational.
- 3. Meanwhile study the requirements for you to accept SNAP:
 - 1. <u>https://www.fns.usda.gov/snap/eligible-food-items</u>



HOME FARMERS' MARKET ACADEMY EVENTS INSURANCE & MEMBERSHIP COTTAGE FOODS ACADEMY FIND A MARKET



Welcome to our free zoominars! Most will be live, some will be recorded. All of them are designed to help farmers' market mangers, food farmers, and food makers make profitable business decisions, stay food safety focused, and understand the laws and rules that impact your businesses.

Our intent is to offer the same zoominars multiple times to make them as accessible as possible: weekdays, evenings, weekends. If you need another offering, 1-on-1 help, or need the material offered in a language other than English, please contact <u>Sina@mfma.org</u>. Enjoy!

