

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



fns.usda.gov/snap/farmer-producer

Official website of the United States government [Here's how you know](#)

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

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Farmer/Producer





SNAP

Applicant/Recipient

Retailer

State/Local Agency

Farmer/Producer

What is EBT?

America's Direct Marketing Farmers and Farmers' Markets (DMFs/FMs) are great sources of fresh fruits, vegetables, and other healthy foods. FNS is committed to expanding access to these foods by SNAP recipients while supporting economic opportunities for farmers and producers.

If you have questions about SNAP Farmers' Markets, email SM.FN.ROB-WC1RETReply@usda.gov.

Application Information

If you are the owner/manager of a DMF/FM, you can [apply online to accept SNAP](#) and check the [status of your application](#). We have developed [guidance](#) to explain the online application process for farmer's markets.

Please review the [training materials](#), which explain program rules and requirements, and familiarize yourself with [how SNAP benefits can be used](#).



Food and Nutrition Service U.S. Department of Agriculture



How Do I Apply to Accept Benefits?

[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 Farmers Market, you can [apply to accept](#) 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 Farmers 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](#).

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).



[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 [authentication methods](#) 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



Your one account for government

Create an account

[Sign in](#)

[Create an account](#)

Create an account for new users

Enter your email address

simpleharvestfarmorganics@gmail.com

Select your email language preference

Login.gov allows you to receive your email communication in English, Spanish or French.

English (default)

Español

Français

I read and accept the Login.gov [Rules of Use](#)

[Submit](#)

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 x

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

9:17 |



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**

Continue

Password safety tips



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.



Authentication application

Download or use an authentication app of your choice to generate secure codes.



Text or voice message

Receive a secure code by (SMS) text or phone call.



Backup codes

A list of 10 codes you can print or save to your device. When you use the last code, we will generate a new list. Keep in mind backup codes are easy to lose.



Security key

A physical device, often shaped like a USB drive, that you plug in to your device.



Government employee ID

PIV/CAC cards for government and military employees. Desktop only.

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

Text message (SMS)

Phone call

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

Send code

This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) 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:

[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.

Add another method

[Skip for now](#)

- Your Account**
 - Add email address
 - Edit password
 - Delete account
- Your authentication methods**
 - Add phone number
 - Add authentication apps
 - Add face or touch unlock
 - Add security key
 - Add federal employee ID
 - Get backup codes
- Your connected accounts**
- History**
 - Forget all browsers
- Customer support**

Your account

Email preferences

Email addresses

simpleharvestfarmorganics@gmail.com

[+ Add new email](#)

Language

English

[Edit](#)

Password

[Edit](#)

Phone numbers

+1 507-664-9446

[Manage](#)

[+ Add phone](#)

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).

HOME

CREATE ACCOUNT

MANAGE ACCOUNT ▾

HELP ▾

Customer Login

[Need an account?](#)

Not a Customer? [Change user type](#)

Select an option to continue



Login.gov
Enter Login.gov User ID and Password >



eAuth User ID
Enter User ID and Password >



USDA eAuthentication is using Login.gov to allow you to sign in to your account safely and securely.

[Sign in](#)[Create an account](#)

Sign in for existing users

Email address

Password

Show password

[Sign in](#)

[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

Example: 123456

 Remember this browser

Having trouble? Here's what you can do:

[Choose another authentication method](#) >

[I didn't receive my one-time code](#) ↗ >

[Learn more about authentication options](#) ↗ >



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

[Cancel](#)

Online Store Application (OSA) for SNAP*


For new applications, select from the following options:

Start New Application →

Continue Saved Application →

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 ▶

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

 [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

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.

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Before You Begin

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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.
 - 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 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.

 **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](#).

[Start Application](#)

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.
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Start Application

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Acknowledgement Agreement

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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.

Details 

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

Details 

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 Decline

Name of the person completing the application

First Name *
Kathleen

Middle Name

Last Name *
Zeman

Owner
Officer
Authorized Representative

Next

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.


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Basic Information


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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? *

Store Name *
 

Legal Business Name (if different from store name) 

Chain Store Number 

Location Address

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

Street Number *

Street Name *

Additional Address Line

City *

State *
 

e.g., Unit #, Stall #, Apt. #, etc.

Zip Code *

Zip+4

My Town

MN

55555

1234

Is mailing address same as location address? *

Yes No

Contact Details

Store Telephone Number *

507

664

9446

Alternate Telephone Number



Owner or Store Email Address *

simpleharvestfarmorganics@gmail.com

Confirm Email Address *

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-... ▾

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Save and Continue Later

Next

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? *

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

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 * Zeman
Street Number * 1234	Street Name * My Street	Additional Address Line
City * My Town	State * MN	Zip Code * 55053
		Zip+4 2403

e.g., Unit #, Stall #, Apt. #, etc.

Country *
United States of America

Social Security Number *

123 45 6789

Date of Birth *

01/15/1975

Title *
Owner

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? *

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

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

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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 co

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Sales Information

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 you are reporting estimated sales, you must provide

Retail sales are:

Estimated Actual

Sales Information

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 your retail food sales meet or exceed \$250,000 or 50% of your total gross sales? *

Yes No

Do you sell gasoline? *

Yes No

retail sales from your
ou must provide

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	
\$	50,000.00

Select One

2022

2023

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.

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%
Hot 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 salads, salad bars, etc.)	0%
Nonfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.)	10%
Total Sales Percentage (total must equal 100%)	100%

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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.

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Inventory Information

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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 Breads and/or Cereals staple food category
(Examples: rice, pasta, flour, pita, tortilla, etc.) *

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

Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category
(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.) *

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 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

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 Breads and/or Cereals category (Examples: bread, pita, etc.)? *

Yes No

Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's milk, refrigerated butter, etc.)? *

Yes No

Do you have at least one variety of perishable foods in the Meat, Poultry, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)? *

Yes No

Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)? *

Yes No

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Due to the coronavirus (COVID-19) National Emergency, retailers must respond to requests for information by electronically uploading all supporting documents.

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Supplemental Information

In this section, you will specify your store's operational information based on this store location

How many cash registers are at your store? *

1

Are optical scanners used at this store? *

Yes No

Is your store open year round? *

Yes No

Indicate which month(s) you are open *

Mark all that apply

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)

Is your store open year round? *

Yes No

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

Yes No

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

AM PM

Close Time On Monday

09:30

AM PM

Caution: Please verify that you have selected the correct designation of AM or PM for your opening and closing times

Open Time On Monday

09:00

AM PM

Close Time On Monday

03:00

AM PM

Same for all days

Open Time On Tuesday

09:00

AM PM

Close Time On Tuesday

03:00

AM PM

Open Time On Wednesday

09:00

AM PM

Close Time On Wednesday

03:00

AM PM

Open Time On Thursday

09:00

AM PM

Close Time On Thursday

03:00

AM PM

Open Time On Friday

09:00

AM PM

Close Time On Friday

03:00

AM PM

Provide the name and address of the financial institution (bank) that you will be using for SNAP payment deposits

Financial Institution Name *
My Bank

Street Number *
101

Street Name *
Main Street

Additional Address Line

City *
My Town

State *
MN

e.g., Unit #, Stall #, Apt. #, etc.

Zip Code *
55053

Zip+4
2403

Country *
United States of America

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

Equipment Provider Name

Equipment Provider Telephone Number

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

Yes No

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

Equipment Provider Name *	Equipment Provider Telephone Number *		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Yes No

Street Number *	Street Name *	Additional Address Line	
<input type="text"/>	<input type="text"/>	<small>e.g., Unit #, Stall #, Apt. #, etc.</small>	
City *	State *	Zip Code *	Zip+4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country *	<input type="text"/>		
<input type="text"/>	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

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
- Acknowledgement Agreement
- Basic Information
- Ownership Information
- Sales Information
- Inventory Information
- Supplemental Information
- Review and Submit**

Review and Submit

 [Print Page](#)

You are almost finished. Before you submit your application, read and follow all the instructions below.

WARNING: You cannot make changes or corrections to your application once you click Submit Application below.

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.

[View / Print Application \(PDF\)](#)

2. **CLICK THE BUTTON ABOVE PRIOR TO SUBMISSION TO PRINT YOUR APPLICATION FOR YOUR RECORDS.**

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.

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!



MARKET BUCKS



Jill Westfall

jwestfall@hungersolutions.org



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 [here](#).

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 [Retailer Requirements to Provide Online Purchasing to SNAP Households](#) | [Food and Nutrition Service \(usda.gov\)](#) and [SEMTAC - National Grocers Association](#).

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 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. <https://www.fns.usda.gov/snap/eligible-food-items>

Need help? Join one of our zoominars. <https://mfma.org/Events/>



Minnesota Farmers' Market Association

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 managers, 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 Sina@mfma.org. Enjoy!

JANUARY 2024

- **Blazing Trails Through The Jungle of Food Regulations:** Saturday, Jan. 27, 2024 | 12-3pm



FEBRUARY 2024

- **Refresher Course for 2024 Markets & Vendors:** Tuesday | Feb. 6, 2024 | 10-1130am
- **Direct to Customer: Basics of Marketing Your Farm Products:** Tuesday | Feb. 6, 2024 | 6-7pm
 - Taught by Ryan Pesch, University of Minnesota Extension
- **Markets & Direct Marketing Farmers: Apply to Accept SNAP & Market Bucks:** Wednesday | Feb. 7, 2024 | 10-1130am
- **Blazing Trails Through The Jungle of Food Regulations:** Thursday, Feb. 8, 5-8pm
- Sustainable Farming Association of MN - Annual Conference, St. Joseph MN, Saturday | Feb. 10, 2024 | 730am - 5pm
- **Food Safety Foundations: 2. Factors that influence pathogen growth:** Tuesday | Feb. 13, 2024 | 2-3pm
 - Taught by Amy Johnston, University of Minnesota Extension Food Safety Team
- **Direct to Customer: Basics of Marketing Your Farm Products:** Tuesday | Feb. 13, 2024 | 6-7pm
 - Taught by Ryan Pesch, University of Minnesota Extension
- **Marketing Tips: Markets, Direct Marketing Farmers, Vendors:** Thursday | Feb. 15, 2024 | 9-1030am
- **Direct to Customer: Basics of Marketing Your Farm Products:** Tuesday | Feb. 20, 2024 | 6-7pm
 - Taught by Ryan Pesch, University of Minnesota Extension
- **Refresher Course for 2024 Markets & Vendors:** Thursday | Feb. 22, 2024 | 6-730pm



MARCH 2024

- **Refresher Course for 2024 Markets & Vendors:** Friday | Mar. 8, 2024 | 9-1030am
- **Food Safety Foundations: 3. Cleaning and sanitation best practices:** Monday | March 11, 2024 | 530-630pm