



Before we file your SNAP application

Fill in what you can, on screen or by hand, and send it back to us with the attachments listed at the end. This form consolidates the USDA Food and Nutrition Service Application for Stores (Form FNS-252) so you only provide each item once. Calibre Licensing Services prepares and files the application, responds to any USDA follow-up, and keeps you posted until your store is authorized to accept SNAP / EBT. If anything is missing or unclear, someone from our team will call you.

Good to know. USDA may visit the store after the application is filed, so the shelves must meet the staple-food stocking rules from the day we submit. Restaurants use a different USDA form; this one is for stores. Don't have an entity, DBA or EIN yet? We file all of them. Just note it on the form.

1. Store Information

Date the store opened, or will open, under your ownership
(mm/dd/yyyy)

Chain store number, if part of a chain

Store name (the name customers know)

No DBA yet? We can file it.

Legal business name, if different from the store name

No entity yet? We can register it.

Store location address (no P.O. Box)

Street number

Street name

Bldg / unit / suite

City

State

ZIP

Store phone

Alternate phone (cell, must differ from store phone)

Is the mailing address the same as the store address?

☐

Yes

☐

No

Mailing address, if different (P.O. Box goes in the street name field)

Street number

Street name or P.O. Box

Bldg / unit

City

State

ZIP

Owner or store e-mail address for USDA correspondence

Store website, if any

Is the business a specialty store or special type: meat or seafood market, bakery, produce market, farmers' market, farm stand, delivery route, food buying cooperative or military exchange?

☐

Yes

☐

No

If yes: which one



2. Ownership Type

Type of ownership (check one)

- | | |
|---|---|
| ☐ Sole proprietorship | ☐ Partnership |
| ☐ Limited liability company | ☐ Privately-held corporation |
| ☐ Publicly-owned corporation | ☐ Nonprofit organization |
| ☐ Government-owned | |

Is the firm legally organized as a nonprofit entity?

☐ Yes ☐ No

If nonprofit: does it have 501(c)(3) tax-exempt status?

☐ Yes ☐ No

Employer Identification Number (EIN)

No EIN yet? We can apply for it.

Corporations and LLCs: name and address of the entity as on record with the Texas Secretary of State

Corporation / LLC name

Street number

Street name

Bldg / unit

City

State

ZIP

Country, if outside the U.S.

3. Owners, Officers, Partners & Members

USDA requires every owner, partner, member, primary shareholder and officer. Names must match the Social Security card exactly. Attach a page if you need more than four.

Person 1

First name	Middle name	Last name	Business title (owner, partner, etc.)		
Home street number	Home street name	Bldg / unit	City	State	ZIP
Social Security Number (or ITIN)	Date of birth (mm/dd/yyyy)	E-mail address			

Person 2

First name	Middle name	Last name	Business title (owner, partner, etc.)		
Home street number	Home street name	Bldg / unit	City	State	ZIP
Social Security Number (or ITIN)	Date of birth (mm/dd/yyyy)	E-mail address			



Person 3

First name	Middle name	Last name	Business title (owner, partner, etc.)		
Home street number	Home street name	Bldg / unit	City	State	ZIP
Social Security Number (or ITIN)		Date of birth (mm/dd/yyyy)	E-mail address		

Person 4

First name	Middle name	Last name	Business title (owner, partner, etc.)		
Home street number	Home street name	Bldg / unit	City	State	ZIP
Social Security Number (or ITIN)		Date of birth (mm/dd/yyyy)	E-mail address		

4. Ownership Questions

Answer for every owner, officer, partner, member and manager. A "yes" needs an explanation; we will help you word it.

Has anyone ever been denied, withdrawn, disqualified, suspended or fined for SNAP, WIC, business, alcohol, tobacco, lottery or health violations? ☐ Yes ☐ No

If yes: explanation

Has anyone ever been suspended or debarred from doing business with, or participating in, any federal government program? ☐ Yes ☐ No

If yes: explanation

Does any owner, officer, partner or member currently receive SNAP benefits? ☐ Yes ☐ No

If yes: has that person reported this store ownership to their SNAP caseworker? ☐ Yes ☐ No

If no: explanation

Has anyone ever been disqualified from receiving SNAP benefits for an intentional program violation or fraud? ☐ Yes ☐ No

If yes: explanation



Does any owner, officer, partner or member currently own other SNAP-authorized stores? ☐ Yes ☐ No

If yes: how many currently authorized stores

Was any owner, officer, partner, member or manager convicted of any crime after June 1, 1999? ☐ Yes ☐ No

If yes: explanation

5. Sales & Operations

Do you sell products wholesale to other businesses such as hospitals or restaurants? ☐ Yes ☐ No

If yes: do your retail food sales meet or exceed \$250,000 or 50% of total gross sales? ☐ Yes ☐ No

Do you sell gasoline? ☐ Yes ☐ No

Total retail sales at this location, food and nonfood, excluding any wholesale. Open more than a year: use the actual figure from your most recent IRS return. Open less than a year: estimate.

Actual retail sales (\$)

Tax year of that figure

Estimated retail sales (\$), if open less than a year

That estimate is per ☐ Day ☐ Week ☐ Month ☐ Year

Percentage of total retail sales by category. Enter 0 for anything you do not sell; the five must add up to 100%.

Staple foods % (rice, milk, meat, produce)

Accessory foods % (chips, candy, soft drinks, condiments)

Hot foods % (hot coffee, hot pizza, hot soup)

Cold foods prepared on site % (sandwiches, salads)

Nonfood % (tobacco, gas, alcohol, lottery, household)

Total (must equal 100%)

Number of cash registers



Are optical scanners used at this store?

☐ Yes ☐ No

Is the store open year round?

☐ Yes ☐ No

If no: months you are open

Is the store open 7 days a week, 24 hours a day?

☐ Yes ☐ No

If not 24/7: opening and closing time for each day (write "Closed" for days you are not open)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

EBT equipment provider, if you have already chosen one (leave blank if not)

Provider name

Provider phone

Provider mailing address (street, city, state, ZIP)

6. Staple Food Inventory

USDA requires a continuous stock across four staple food categories. Count what is on the shelves today. If you are short in any category, tell us and we will walk you through what to stock before filing.

Number of different varieties you carry in each category, currently and continuously. Write the number, or 10+ if ten or more.

Breads and cereals (rice, pasta, flour, tortillas, bread)

Dairy (milk, soymilk, butter, yogurt, cheese, infant formula)

Meat, poultry and fish (beef, pork, eggs, tuna, chicken)

Vegetables and fruits (fresh, canned or frozen)

Breads and cereals: do you have at least three stocking units of at least three varieties (for example 3 bags of rice, 3 boxes of pasta, 3 loaves of bread)?

☐ Yes ☐ No

Dairy: at least three stocking units of at least three varieties (3 cartons of milk, 3 packages of cheese, 3 cans of formula)?

☐ Yes ☐ No

Meat, poultry and fish: at least three stocking units of at least three varieties (3 cans of tuna, 3 cartons of eggs, 3 packages of ground beef)?

☐ Yes ☐ No

Vegetables and fruits: at least three stocking units of at least three varieties (3 apples, 3 cans of peaches, 3 bags of frozen vegetables)?

☐ Yes ☐ No

Breads and cereals: at least one perishable variety (fresh bread, tortillas)?

☐ Yes ☐ No



Dairy: at least one perishable variety (refrigerated milk, butter, cheese)?

☐ Yes ☐ No

Meat, poultry and fish: at least one perishable variety (fresh eggs, frozen chicken)?

☐ Yes ☐ No

Vegetables and fruits: at least one perishable variety (fresh or frozen produce)?

☐ Yes ☐ No

7. Additional Information

Anything USDA should know about the store or this application (special circumstances, previous owner, remodel, etc.)

8. Attachments

Please send the following with this form. Color copies or clear phone photos are fine.

- ☐ Color copies of the driver's license and Social Security card for every owner listed in Section 3
- ☐ Color copies of the store's current licenses and permits
- ☐ Signed Certification and Signature Statement: USDA sends it after filing; each owner signs and we submit it

What happens next. We file the application, USDA may schedule a store visit, and each owner signs the Certification and Signature Statement once USDA issues it. SNAP authorization cannot be transferred to a new owner, so a change of ownership always means a new application. If anything on this form is missing or unclear, someone from our team will call you.

Completed by (name)

Phone

Date

Questions while filling this in? Call **(346) 767-7855** or e-mail **info@calibretx.com**. We reply within 24 hours.