

Form FNS-252 US Department of Agriculture Food and Nutrition Service	SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM APPLICATION FOR STORES	OMB APPROVED No. 0584-0008 Expiration Date: 01/31/2024
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1 When did or when will the store open for business under your ownership (MM/DD/YYYY):

01 / 01 / 1996

2 Store Name: Delray Beach Greenmarket	3 Legal Business Name (if different from store name): NAFMNP	4 Chain Store Number (if applicable): NAFMNP
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5 Store Location Address (do not enter P.O. Box here):

Street Number: 50	Street Name: N Swinton Ave	Additional Address (Bldg #, Unit #, Stall #, etc.):
City: Delray Beach	State: FL	Zip Code: 33444 - 2632

6 Store Mailing Address:
 (Skip if your mailing address is the same as your store location. If you have a PO Box address, enter it in the street name field):

Street Number: 20	Street Name: N Swinton Ave	Additional Address (Bldg #, Unit #, Stall #, etc.):
City: Delray Beach	State: FL	Zip Code: 33444 - 2632
If foreign address, add Country:		

7 Store Telephone Number: (561) 276 - 8640	8 Alternate Telephone Number: () -
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9 Owner or Store Email Address:
 jeannitea@mydelraybeach.com

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

<input type="checkbox"/> Meat/Poultry Market	<input type="checkbox"/> Bakery	<input type="checkbox"/> Military Commissary/Exchange	<input checked="" type="checkbox"/> Farmer's Market	<input type="checkbox"/> Food Buying Cooperative
<input type="checkbox"/> Seafood Market	<input type="checkbox"/> Produce Market	<input type="checkbox"/> Delivery Route	<input type="checkbox"/> Direct Marketing Farmer (Farm Stand/Stall/U-Pick)	

Do not use this Form FNS-252 if you are applying as a restaurant. Restaurants must use Form FNS-252-2, Application for Meal Services.

11 Type of Ownership (check only one box):

<input type="checkbox"/> Privately-Held Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Nonprofit Organization
<input type="checkbox"/> Publicly-Owned Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Government-Owned	

11a Is your firm legally organized as a nonprofit entity? ☐ Yes ☒ No

11b If yes, does your firm have 501(c)(3) nonprofit tax-exempt status? ☐ Yes ☐ No

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

12a Corporation Name:
 Delray Beach Community Redevelopment Age

12b Corporation Address:

Street Number: 20	Street Name: N Swinton Ave	Additional Address (Bldg #, Unit #, Stall #, etc.):
City: Delray Beach	State: FL	Zip Code: 33444 - 2632
If foreign address, add Country:		

12c If publicly-owned or government-owned, enter a contact person:

Contact Person Name: Renee Jadusingh	Telephone Number: (561) 276 - 8640	Email Address: jadusinghr@mydelreybeach.com
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13 If you have an EIN, enter it exactly as assigned.

14 Owner/Officer Information: Enter the name and home address of **all** officers, owners, partners, and members. **If this is a publicly-owned corporation or government-owned store, skip to question 15.** See instructions for more information about this question.

14a Print name exactly as it appears on the social security card:

First Name:		Middle Name:		Last Name:	
Street Number:		Street Name:		Additional Address (Bldg #, Unit #, Stall #, etc.):	
City:		State:		Zip Code:	
Social Security Number:		Date of Birth: (MM/DD/YYYY)		Business Title (owner, partner, etc.):	
- -		/ /		Email Address:	

14b Print name exactly as it appears on the social security card:

First Name:		Middle Name:		Last Name:	
Street Number:		Street Name:		Additional Address (Bldg #, Unit #, Stall #, etc.):	
City:		State:		Zip Code:	
Social Security Number:		Date of Birth: (MM/DD/YYYY)		Business Title (owner, partner, etc.):	
- -		/ /		Email Address:	

14c Print name exactly as it appears on the social security card:

First Name:		Middle Name:		Last Name:	
Street Number:		Street Name:		Additional Address (Bldg #, Unit #, Stall #, etc.):	
City:		State:		Zip Code:	
Social Security Number:		Date of Birth: (MM/DD/YYYY)		Business Title (owner, partner, etc.):	
- -		/ /		Email Address:	

14d Print name exactly as it appears on the social security card:

First Name:		Middle Name:		Last Name:	
Street Number:		Street Name:		Additional Address (Bldg #, Unit #, Stall #, etc.):	
City:		State:		Zip Code:	
Social Security Number:		Date of Birth: (MM/DD/YYYY)		Business Title (owner, partner, etc.):	
- -		/ /		Email Address:	

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

15a 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

15b If Yes, provide an explanation:

15c 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

15d If Yes, provide an explanation:

15e Is any officer, owner, partner, and/or member currently receiving assistance through the Supplemental Nutrition Assistance Program?

☐ Yes ☒ No

15f If Yes, has the officer, owner, partner, and/or member reported this store ownership to their SNAP caseworker?

☐ Yes ☐ No

15g If No, provide an explanation:

15h 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

15i If Yes, provide an explanation:

15j Does any officer, owner, partner, and/or member currently own any other SNAP authorized stores? ☐ Yes ☒ No

15k If Yes, how many currently authorized stores do you own?

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

16a If Yes, provide an explanation

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

17a If Yes, do your retail food sales meet or exceed \$250,000 or 50% of your total gross sales? ☐ Yes ☐ No

18 Do you sell gasoline? ☐ Yes ☒ No

19 Answer the following questions regarding staple food varieties that you have currently and on a continuous basis in your store. Enter the number of varieties for each staple food category if less than 10. Check "10+" if the number of varieties for each staple food category is equal to or greater than 10.

19a Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.) that you have currently and on a continuous basis in your store: 7 OR ☐ 10+

19b Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.) that you have currently and on a continuous basis in your store: 7 OR ☐ 10+

19c Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.) that you have currently and on a continuous basis in your store: 7 OR ☐ 10+

19d Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.) that you have currently and on a continuous basis in your store: OR ☒ 10+

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

20a 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

20b 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

20c 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

20d 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

21 Answer the following questions regarding perishable foods that you have currently and on a continuous basis in your store:

21a Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.) ☒ Yes ☐ No

21b 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

21c 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

21d 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

22 Total Retail Sales: Enter the total retail sales from all products you sell at this location (both food and nonfood products and services). If you sell products wholesale to other businesses, do not include those 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 (22a). If your store has been open under your ownership for less than one year, you must provide estimated sales (22b). You must complete either 22a or 22b.

22a Actual Retail Sales: \$1,020,000.00 in tax year 2020

22b Estimated Retail Sales: (check one) Day ☐ Week ☐ Month ☐ Year ☐

22c 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 you do 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.

Sales Category	% Total
Staple Foods (Examples: rice, milk, beef, apples, etc.)	75
Accessory Foods (Examples: chips, candy, snack foods, soft drinks, condiments, etc.)	0
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	10
Cold Foods Prepared on Site (Only include items intended for immediate consumption or carryout. Examples: sandwiches, fresh salads, salad bars, etc.)	10
Nonfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.)	5
Total Sales Percentage (total must equal 100%)	100%

23 How many cash registers are at this store? 0

24 Are optical scanners used at this store? ☐ Yes ☒ No

25 Is this store open year round? ☐ Yes ☒ No

25a If No, check which month(s) you are open:

☒ Jan ☒ Feb ☒ Mar ☒ Apr ☒ May ☒ Jun ☒ Jul ☐ Aug ☐ Sep ☒ Oct ☒ Nov ☒ Dec

26 Is this store open 7 days a week, 24 hours per day? ☐ Yes ☒ No

26a If No, indicate operating hours:

	Opening Time	Select AM or PM	Closing Time	Select AM or PM
Monday:	<u>00:00</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>00:00</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Tuesday:	<u>00:00</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>00:00</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Wednesday:	<u>00:00</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>00:00</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Thursday:	<u>00:00</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>00:00</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Friday:	<u>00:00</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>00:00</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Saturday:	<u>09:00</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>02:00</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Sunday:	<u>00:00</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>00:00</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

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

27a Financial Institution Name:

City National Bank

27b Financial Institution Mailing Address:

Street Number:

1120

Street Name:

S Federal Hwy

Additional Address (Bldg #, Unit #, Stall #, etc.):

Ste 100

City:

Delray Beach

State:

FL

Zip Code:

33483 - 5293

If foreign address, add Country:

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

28a Equipment Provider Name:

Novo Dia Group

28b Equipment Provider Phone Number:

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28c Equipment Provider Mailing Address:

Street Number:

Street Name:

Additional Address (Bldg #, Unit #, Stall #, etc.):

City:

State:

Zip Code:

If foreign address, add Country:

29 Do you have a website for your store? If yes, provide website address:

https://delraycra.org/green-market/

30 If you have any additional information or comments you would like to provide to FNS (such as any special circumstances that FNS should know), please provide the information here:

This entity is working with the MarketLink grant program. Please instruct them to email a MarketLink Regional Representative directly to request their SNAP/EBT equipment upon FNS approval.

This entity is a Farmer's Market as defined as: A multi-stall market where farmers come together to sell their own agricultural produce directly to the general public at a center or a fixed location.

This Farmers Market operates a Winter market from October - May every Saturday 9:00 AM - 2:00 PM and a Summer market from June-July every Saturday from 9:00 AM - 1:00 PM.

Full name of Government Agency is "Delray Beach Community Redevelopment Agency"

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.

- Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;
- Additional disclosure of this information may be made to other Food and Nutrition Service programs and to other federal, state or local agencies and investigative authorities when the Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act of 2008, as explained in the next section called "Use and Disclosure";
- Section 278.1(b) of the Supplemental Nutrition Assistance Program regulations provides for the collection of each owner's Social Security Number (SSN), Employee Identification Number (EIN) and tax information;
- The use and disclosure of SSNs and EINs obtained by applicants is covered in the Social Security Act and the Internal Revenue Code. In accordance with the Social Security Act and the Internal Revenue Code, applicant social security numbers and employer identification numbers may be disclosed only to other federal agencies authorized to have access to social security numbers and employer identification numbers and maintain these numbers in their files, and only when the Secretary of Agriculture determines that disclosure would assist in verifying and matching such information against information maintained by such other agency [42 U.S.C. 405(c)(2)(C)(iii); 26 U.S.C. 6109(f)];
- Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in denial of this application;
- The Food and Nutrition Service may provide you with an additional statement reflecting any additional uses of the information furnished on this form.

USE AND DISCLOSURE - Routine Uses: We may use the information you give us in the following ways:

- We may disclose information to the Department of Justice (DOJ), a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in litigation and it has been determined that the use of such information is relevant and necessary and the disclosure is compatible with the purpose for which the information was collected;
- In the event that the information in our system indicates a violation of the Food and Nutrition Act or any other federal or state law whether civil or criminal or regulatory in nature, and whether arising by general statute, or by regulation, rule, or order issued pursuant thereto, we may disclose the information you give us to the appropriate agency, whether federal or state, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
- We may use your information, including SSNs, ITINs, and EINs, to collect and report on delinquent debt and may disclose the information to other federal and state agencies, as well as private collection agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offset and referral to the Department of Justice for litigation. (**Note:** SSNs, ITINs, and EINs will only be disclosed to federal agencies authorized to possess such information);
- We may disclose information to other federal and state agencies to verify the information reported by applicants and participating firms, and to assist in the administration and enforcement of the Food and Nutrition Act, as well as other federal and state laws. (Note: SSNs, ITINs, and EINs will only be disclosed to federal agencies authorized to possess such information);
- We may disclose information to other federal and state agencies to respond to specific requests from such federal and state agencies for the purpose of administering the Food and Nutrition Act as well as other federal and state laws;
- We may disclose information to other federal and state agencies for the purpose of conducting computer matching programs;
- We may disclose information (excluding EINs, ITINs, and SSNs) to private entities having contractual agreements with us for designing, developing, and operating our systems, and for verification and computer matching purposes;
- We may disclose information to the Internal Revenue Service for the purpose of reporting delinquent retailer and wholesaler monetary penalties of \$600 or more for violations committed under the SNAP. We will report each delinquent debt to the Internal Revenue Service on Form 1099-C (Cancellation of Debt). We will report these debts to the Internal Revenue Service under the authority of the Income Tax Regulations (26 CFR Parts 1 and 602) under section 6050P of the Internal Revenue Code (26 U.S.C. 6050P);
- We may disclose information to state agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), authorized under Section 17 of the Child Nutrition Act of 1966 (CNA) (42 U.S.C. 1786), for purposes of administering that Act and the regulations issued under that Act;
- Disclosures pursuant to 5 U.S.C. 552 (a)(b)(12). We may disclose information to "consumer reporting agencies" as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Debt Collection Act of 1982 (31 U.S.C. 3711(d)(4));
- We may disclose information to the public when a retailer has been disqualified or otherwise sanctioned for violations of the Program after the time for administrative and judicial appeals has expired. This information is limited to the name and address of the store, the owner(s) name(s) and information about the sanction itself. The purpose of such disclosure is to assist in the administration and enforcement of the Food and Nutrition Act and Supplemental Nutrition Assistance Program regulations.

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

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

PENALTY WARNING STATEMENT - The Food and Nutrition 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.

X Alexina Jeannite
Signature

05/17/2021
Date Signed

X Alexina Jeannite
Printed Name

Authorized Representative
Print Title