NUTRITION ASSISTANCE PROGRAM

Department of Community and Cultural Affairs
Commonwealth of the Northern Mariana Islands
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OFFICIAL USE ONLY
RETAIL & REDEMPTION UNIT

F.S. No.: _____

QUARTERLY FOOD SALES REPORT

_____ QUARTER _____ YEAR

1. NAME OF CORPORATION _____
DBA _____

2. NAME OF OWNER *(include address and telephone number if different from items 1 and 3, or name and address of district manager if a chain store).*

3. MAILING ADDRESS OF RETAIL FIRM

4. NAME OF PERSON RESPONSIBLE FOR OVERALL OPERATION *(If different from item 2).*

5. TELEPHONE NUMBER OF RETAIL FIRM

5A. MONTH:	5B. GROSS VOLUME FOR EACH MONTH	5C. FOOD SALES FOR EACH MONTH *(Dollar Amount)*	5D. FOOD SALES FOR EACH MONTH *(Percentage of gross sales)*
1ST	$	$	%
MONTH: 2ND	$		%
MONTH: 3RD	$		%
	TOTAL: $	$	%

6. TYPE OF RETAIL FIRM (CHECK ONLY ONE)

- ☐ SUPERMARKET (SM)
- ☐ MEDIUM SIZED OR SMALL GROCERY STORE (GS)
- ☐ CONVENIENCE STORE (CS)
- ☐ PRODUCE STAND (PS)
- ☐ SPECIALTY FOOD (MEAT, FISH, ETC.) (SF)
- ☐ WATER & ICE COMPANY
- ☐ GROCERY/GAS STATION (CG)
- ☐ FISH MOBILE
- ☐ PRODUCE MOBILE
- ☐ BAKERY
- ☐ ROADSIDE VENDOR/MARKET (FISH/PRODUCE)
- ☐ OTHER (Specify)

7. DOES THE RETAIL FIRM SELL ALCOHOLIC BEVERAGES?

☐ YES ☐ NO

8. WHERE WILL YOU REDEEM YOUR FOOD STAMPS?
(Give name and address Bank)

9. CERTIFICATION

My signature at the bottom of this form means the following:

I have read and understand the regulations that govern the Program;

My retail firm (including all employees) will comply with the Program Regulations;

I understand that the NAP can revoke my Authorization to Participate for any violations committed by my retail firm's employees;

I will update the information on this Application on each year, and submit any other information requested by the NAP;

All information on this Application are true. I understand that any false information may mean that the NAP will deny or withdraw approval to participate; and

I have the authority to contact NAP regarding my retail firm.

REMINDER: This report must be submitted to the NAP Office no later that 5 days after quarter ended along with corresponding Business Gross Revenue Taxation (BGRT's).

_____ _____
Name, Title & Signature of Retailer/Representative — Date

_____ _____
Received by RRU Staff (Signature/Initial) — Date