

Application:

Before applying, please make sure your store meets ALL the requirements. If you do not meet the eligibility requirements for ALL listed, you are ineligible to apply for the program.

- ✓ In one of the following zip codes: 43604, 43605, 43606, 43607, 43608, 43609, 43610, 43611, 43612, 43613, 43614, 43615, 43620.
- ✓ Current Ohio Retail Food Establishment License from the Toledo-Lucas County Health Department.
- ✓ Have a current City of Toledo Convenience Store License (if applicable).
- ✓ Accept SNAP.
- ✓ Less than 5000 square feet store retail space.
- ✓ NOT part of a franchise, chain, and/or attached to a gas station.
- ✓ Committed to continuing the program on own after 12/31/2026.

If you have any questions regarding the application or program, please email eatfresh@co.lucas.oh.us.

Date: _____

Name of Store: _____

Store Address (include zip code):

Are you the store owner? **Yes** **No**

If No:

Applicant's name: _____

Position/Relationship to Store Owner: _____

Owner's Name: _____

Store Phone: _____ Owner's Phone: _____

Applicant's Phone (If not owner): _____

Email: _____

Is your store part of a franchise, chain, and/or attached to a gas station? **Yes** **No**

Do you have a current Ohio Retail Food Establishment License issued by the Toledo-Lucas County Health Department? **Yes** **No**

Do you have a City of Toledo Convenience Store License? **Yes** **No**

Does your store accept SNAP? **Yes** **No**

What is the approximate size (in square feet) of the store's retail space? _____

Are you committed to sustaining this program after 12/31/2026? **Yes** **No**

Are you interested in other potential healthy eating funding and/or partnership opportunities through the Toledo-Lucas County Health Department, City of Toledo or any of their partners? **Yes** **No**

(Individual question participation)

Tax ID/EIN: _____

How long have you managed or owned this store? _____

How many employees do you have? _____

Does your store accept WIC? **Yes** **No**

Have you ever been in violation with SNAP and/or WIC within the last 5 years? If yes, please explain:

What is the makeup of your customer base? Check all that apply:

- Neighborhood residents
- Seniors
- Youth/students
- Families
- Local workers/employees
- Commuters
- Other (please describe): _____
- Not sure

What language do your customers primarily speak?

- English
- Spanish
- Haitian/Creole
- Arabic
- French

- Other (please describe): _____

Does your store have a Point of Sale system? **Yes** **No**

If Yes: Can your Point of Sale system track the sale of all individual food items such as fruits, vegetables, dairy, meats, etc.? **Yes** **No**

Do you have commercial **refrigeration** unit(s) in your store to appropriately display perishable food items? **Yes** **No**

If No: Do you have space for a commercial refrigeration unit? **Yes** **No**

Do you have commercial **freezer** unit(s) in your store to appropriately display perishable food items?

Yes **No**

If No: Do you have space for a commercial freezer unit? **Yes** **No**

Do you currently have a stand or shelf that could display and sell fresh fruits and/or vegetables?

Yes **No** **Not Applicable**

If No or Not Applicable: Do you have space for a stand or shelf? **Yes** **No**

What is/are the biggest obstacle(s) to selling produce? Select all that apply

- Low customer demand
 - Inadequate shelf space
 - Inadequate refrigeration/freezer
 - Not enough marketing/outreach
 - Cannot find an affordable distributor
 - Relatively low profit margin
 - Spoilage
 - Never thought about offering produce
 - Other:
-

Do you sell any of these products in your store? Check all that apply

- Whole grain options (i.e. whole wheat bread, whole wheat pasta, whole wheat tortillas, oatmeal etc.)
- Fresh lean meats (i.e. chicken, pork, beef, fish etc.)
- Low-fat dairy (1% or skim milk, low-fat yogurt, low-fat cheese etc.)
- 100% juice
- Healthy snack options
- Fresh fruits and/or vegetables
- Canned fruits and/or vegetables
- Frozen fruits and/or vegetables
- Other:

- None of the above

What types of products would you like to sell? Check all that apply

- Whole grain options (i.e. whole wheat bread, whole wheat pasta, whole wheat tortillas, oatmeal etc.)
- Fresh lean meats (i.e. chicken, pork, beef, fish etc.)
- Low-fat dairy (1% or skim milk, low-fat yogurt, low-fat cheese etc.)
- 100% juice
- Healthy snack options
- Fresh fruits and/or vegetables
- Canned fruits and/or vegetables
- Frozen fruits and/or vegetables
- Other:

- None of the above

Are you willing to work with the Healthy Food Small Market Program team to conduct community outreach, advertise new healthy products, and develop a social marketing campaign to appeal to neighborhood residents?

Yes No

(Program Goal)

By participating in this program, how will this improve the health and wellness of your customers? Please be specific:

(Healthy Food Promotion)

What changes need to be made within your store to offer or increase your sales of fresh fruits and vegetables as well as other healthy items? Please be specific:

(Marketing)

Describe any ideas you have to market and promote the new healthy foods in your store:

BUDGET:

What type of Marketing assistance do you need? Check all that apply.

- Community engagement
- Flyers/newsletters promotion healthy food items being sold
- In-store signage
- Recipes and nutrition education materials
- On-site food demonstrations
- Mailings/postcards
- Other:

-
- None of the above

What type of Healthy Food assistance do you need? Check all that apply.

- Training for staff needed to properly handle foods safely
- Assistance purchasing healthy foods
- Assistance choosing healthy foods
- Other:

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- None of the above

