

Vendor Number – Use vendor stamp

N. C. WIC VENDOR INFORMATION UPDATE

PLEASE COMPLETE THOROUGHLY (no blank spaces, no n/a's)

SECTIONS I AND II; THEN SIGN

SECTION I: Current Store Information / Store Management

Store Name (include store #): _____ Phone No.: () _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Directions to store (from main hwy, rd, etc.): _____

Business Hours: Sunday _____ AM/PM - _____ AM/PM Thursday _____ AM/PM - _____ AM/PM
Monday _____ AM/PM - _____ AM/PM Friday _____ AM/PM - _____ AM/PM
Tuesday _____ AM/PM - _____ AM/PM Saturday _____ AM/PM - _____ AM/PM
Wednesday _____ AM/PM - _____ AM/PM

Total number of registers in this store (including U-Scans) _____

Number of registers with scanning devices _____ Number of scanning devices that identify WIC-authorized foods _____

SNAP Permit Number _____ Store Federal Tax ID # _____

Percent of total food sales comes from: WIC _____ % Cash _____ % SNAP _____ % Credit/Debit _____ % (should total 100%)

Name of supplier(s) of infant formula (see-authorized list): _____

*Store Manager's (Full) Name: (Mr. Mrs. Ms.) _____
First Middle Last

Does the store have internet access? Yes No Email address: _____

SECTION II: Store Ownership Information

Type of Ownership: (check one) Individual Partnership Corporation LLC

If incorporated or LLC, Corporate/Company Name: _____

Address of regional or corporate headquarters: _____

Owner #1: Name: (Mr. Mrs. Ms.) _____ Title: _____

Residential Address: _____ Phone No.: () _____

City: _____ State: _____ Zip: _____

Percentage of business owned: _____%. Please list the complete name and physical location of other store(s) you own:

Owner #2: Name: (Mr. Mrs. Ms.) _____ Title: _____

Residential Address: _____ Phone No.: () _____

City: _____ State: _____ Zip: _____

Percentage of business owned: _____%. Please list the complete name and physical location of other store(s) you own:

Have any of the vendor applicant's current owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity, including, but not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice?

Yes No If Yes, Explain: _____

* Store Manager's Signature (REQUIRED): _____ Date: _____