

Vendor Number – Use vendor stamp

## N. C. WIC VENDOR APPLICATION

**NOTE:**

- A. Complete the application either by typewriter or print in ink.
- B. Store manager to complete.
- C. Return to local WIC agency

1. Store Name: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Directions to store (from main hwy., rd, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Type of Ownership: (check one)  Individual  Partnership  Corporation  LLC.  
If incorporated or LLC, Corporate/Company Name: \_\_\_\_\_  
Address of regional or corporate headquarters: \_\_\_\_\_  
\_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_
5. Store Sales Include: (check all that apply)  
 Gasoline  Special Formula  Household Products  Bread  Fresh Vegetables/Fruits  
 Can Vegetables/Fruits  Beer  Poultry  Pork  Sandwich Meats  Tofu  Rice  Baby Foods
6. Amount of Stores Annual Food Sales: \$ \_\_\_\_\_
7. What percentage of total sales is expected to be: WIC? \_\_\_\_\_ % Cash \_\_\_\_\_ %  
SNAP (formerly Food Stamps) \_\_\_\_\_ % Credit/Debit \_\_\_\_\_ %
8. Store Classification:  
 Large Chain  Independents/Convenience  Free-Standing Pharmacy  Commissary  
 WIC only  Predominantly WIC Vendor
9. Total Number of Registers in Store (including U-Scans): \_\_\_\_\_
10. Number of Registers with Scanning Devices: \_\_\_\_\_ Number of scanners that Identify WIC Authorized Foods: \_\_\_\_\_
11. State Permit Number \_\_\_\_\_ (7 digits only) (do not submit merchant # EIN or Federal ID)
12. Federal Tax ID Number \_\_\_\_\_
13. Do you have internet access / capabilities?  Yes  No
14. Email address: \_\_\_\_\_



OWNERSHIP DATA

(Corporate store not under contract: If no owners, provide information on officers.)

Store Name: \_\_\_\_\_

Vendor No.: \_\_\_\_\_

Mr. Mrs. Owner Name: Ms. \_\_\_\_\_ Title (if not owner): \_\_\_\_\_  
(First) (Full Middle) (Last)

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No.: ( ) \_\_\_\_\_ Percentage of business owned: \_\_\_\_\_%

Has the owner ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony?  
 Yes  No If Yes, Explain and give dates: \_\_\_\_\_

Does the owner own any other stores(s)?  Yes  No If yes, please list name, location and if authorized by WIC indicate WIC Vendor Number.

Mr. Mrs. Owner Name: Ms. \_\_\_\_\_ Title (if not owner): \_\_\_\_\_  
(First) (Full Middle) (Last)

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No.: ( ) \_\_\_\_\_ Percentage of business owned: \_\_\_\_\_%

Has the owner ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony?  
 Yes  No If Yes, Explain and give dates: \_\_\_\_\_

Does the owner own any other stores(s)?  Yes  No If yes, please list name, location and if authorized by WIC indicate WIC Vendor Number.

Mr. Mrs. Owner Name: Ms. \_\_\_\_\_ Title (if not owner): \_\_\_\_\_  
(First) (Full Middle) (Last)

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No.: ( ) \_\_\_\_\_ Percentage of business owned: \_\_\_\_\_%

Has the owner ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony?  
 Yes  No If Yes, Explain and give dates: \_\_\_\_\_

Does the owner own any other stores(s)?  Yes  No If yes, please list name, location and if authorized by WIC indicate WIC Vendor Number.

Store Name: \_\_\_\_\_

Vendor No.: \_\_\_\_\_

To the best of my knowledge, all of the above answers and the information contained on the accompanying WIC Price List (DHHS 2766) are correct. The prices are the ACTUAL PRICES FOR FOOD ON THE SHELVES. I understand that should I be accepted as a WIC vendor, I will be bound by WIC Program regulations and policies including, but not limited to:

1. Attending vendor training sessions
2. Training employees and being responsible for their actions regarding WIC Program procedures
3. Submitting accurate semi-annual price lists of WIC foods to the WIC Program
4. Submitting accurate market basket price lists of WIC foods to the WIC Program upon request from the WIC Program
5. Being Monitored periodically
6. Completing and complying with all items in the attached agreement

I understand that this is an application to be a WIC vendor and does not constitute an approval agreement with the N.C. WIC Program. I understand that supplying false information could lead to disqualification from the WIC Program.

Store  
Manager's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability."

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

**FOR LOCAL AGENCY USE ONLY**

Application reviewed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Local Agency: \_\_\_\_\_ Program Number: \_\_\_\_\_

**STATE AGENCY**

Application reviewed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR USE BY N.C. WIC PROGRAM**

Purpose: This vendor application form is made available by local agency WIC Programs to any N.C. vendor who wishes to participate in the food Delivery system of the N.C. WIC Program.

Preparation: This form is to be completed by the store manager of the store seeking WIC-approved status and returned to the local WIC Program.

Disposition: This form may be destroyed in accordance with Standard 3, Legal Records and Agreement for Special Programs of the *Records Disposition Schedule* published by the Division of Archives and History and the Division of Public Health.

Reorder: This form may be obtained by WIC vendors from their local WIC agency. Copies may be obtained from:

Nutrition Services Branch  
1914 Mail Service Center  
Raleigh, NC 27699-1914  
Courier 54-42-01  
(Use DHHS 2507)