

Above-50-Percent Vendor Self-Declaration Form

Please complete regarding projected above-50% vendor status. Be prepared to provide documentation of your status, if requested, by the State WIC Agency.

Store Name _____

Mailing Address _____

City/State/Zip _____

Phone Number (____) _____

Name of Owner _____

I project that the annual WIC redemption for my store will be more than 50% of my total annual food sales.

I project that the annual WIC redemption for my store will **NOT** be more than 50% of my total annual food sales.

(Print Name of Owner, Officer, or Manager)

(Title, if Officer)

(Signature of Owner, Officer, or Manager)

(Date)

ANNUAL WIC REDEMPTION: STATE USE ONLY

WIC redemption from October 1, _____ to September 30, _____ = \$ _____
(Year) (Year)