

Vendor Number: _____

N. C. WIC VENDOR APPLICATION

NOTE:

- A. Complete Application by Store Owner/Officer only, using type or blue/black ink (print).
- B. Return to Local WIC Agency.

1. Store Name: _____ Phone No: (____) _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
2. Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
3. Does the Store have internet access / capabilities? Yes No
4. Email Address: _____
5. SNAP Permit Number _____ (7 digits only)
6. Federal Tax ID Number _____
7. Store Classification (check one):
 Retail Large Chain Retail Independent/Convenience Free-Standing Pharmacy Commissary
8. Type of Ownership (check one): Individual Partnership Limited Partnership Corporation LLC
Corporate/Company Name (if LLC, Inc., or LP): _____
Physical Address of Regional/Corporate Headquarters: _____
_____ Phone No: (____) _____
9. Store Operating Hours: Monday _____ AM / PM - _____ AM / PM Friday _____ AM / PM - _____ AM / PM
(Circle AM or PM) Tuesday _____ AM / PM - _____ AM / PM Saturday _____ AM / PM - _____ AM / PM
Wednesday _____ AM / PM - _____ AM / PM Sunday _____ AM / PM - _____ AM / PM
Thursday _____ AM / PM - _____ AM / PM
10. Amount of Store's Annual SNAP Sales: \$ _____ Actual Projected
11. Amount of Store's Annual Food Sales: \$ _____ Actual Projected
12. Total Number of Registers in Store (Including U-Scans): _____
Number of Registers with Scanning Devices: ____ Number of Scanners That Identify WIC-Authorized Foods: ____
13. Is your store eWIC capable? Yes No
14. Name of Infant Formula Source(s): _____
(Refer to list of authorized sources)
15. Name of Supplier(s) for Other WIC Authorized Foods: _____

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16. Do you expect that more than 50% of your annual food sales revenue will be from WIC sales? Yes No
17. Do you currently own a WIC-authorized store where WIC sales are above 50% of the total annual food sales?
 Yes No
18. Percentage (%) of total food sales expected to be:
WIC _____ % SNAP _____ % Cash _____ % Credit/Debit _____ %
19. Is WIC authorization required for the store to open for business? Yes No
20. Do you have inventory invoices available for foods purchased and currently stocked in your store? Yes No
21. How many months of inventory invoices are available? _____
22. Do you currently have in stock the required minimum inventory? Yes No
23. Store sales include (check all that apply):
 Gasoline Special Formula Household Products Bread Fresh Vegetables/Fruits
 Canned Vegetables/Fruits Beef Poultry Pork Sandwich Meats Tofu Rice Baby Foods
24. Store Manager Name: Mr. _____
Mrs. _____
Ms. _____
(Circle title) (First) (Full Middle Name) (Last)
25. Is the Store Manager the primary contact person for the store? Yes No
If not, provide contact name and phone: _____
26. Has the manager 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: _____
27. How long has the store (under its current name or a former name) physically operated at the present site?
_____ years _____ months If not applicable, provide opening date: _____
28. Has the store ever operated under another name and/or at a different location? Yes No
If yes, former name(s) and/or location(s) of store: _____
29. Has the store (under its current name or a former name) ever been disqualified or assessed a monetary penalty by the WIC program? Yes No If yes, explain and give dates: _____
30. Does the owner(s) (includes corporate owners) have a financial interest in a store that is currently disqualified, was previously disqualified, or assessed a monetary penalty by the WIC program? Yes No
If yes, explain and give dates: _____
31. Has the owner(s) (includes corporate owners) ever had a financial interest in a store that was disqualified or assessed a monetary penalty by the WIC program? Yes No
If yes, explain and give dates: _____

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32. Has the store (under its current name or a former name) ever been withdrawn, disqualified, or assessed a civil money penalty from the Supplemental Nutrition Assistance Program (SNAP)? Yes No

If yes, explain and give dates: _____

33. Does the owner(s) (includes corporate owners) have a financial interest in a store that is currently, or has been previously, withdrawn, disqualified, or assessed a civil money penalty by the Supplemental Nutrition Assistance Program (SNAP)? Yes No

If yes, explain and give dates: _____

34. Has the owner(s) (includes corporate owners) ever had a financial interest in a store that was withdrawn, disqualified, or assessed a civil money penalty by the Supplemental Nutrition Assistance Program (SNAP)? Yes No

If yes, explain and give dates: _____

35. 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 and give dates: _____

OWNERSHIP DATA (For stores under Corporate Agreement with State WIC Agency, skip this section):

Complete the following information for each owner and officer. Use Page 3a if you have more than one owner or officer.

Mr.
Mrs.
Owner/Officer Name: Ms. _____ Title (If Officer): _____
(Circle title) (First) (Full Middle) (Last)

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Telephone No.: () _____ Percentage of Business/Shares Owned: _____ %

Has the owner / officer 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: _____

Is the owner(s) related to the store's previous owner(s) / officer(s) by blood or marriage? Yes No

If yes, list name & relationship: _____

Does the owner (including a corporate owner) own any other stores(s)? Yes No If yes, please list name, city & state, and WIC vendor number (if authorized by WIC): _____

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To the best of my knowledge, all of the above answers and the information contained on the accompanying WIC Price List (DHHS 2766 or 2766-P) are correct. The prices are the **actual, current, and highest shelf prices for WIC-approved foods currently stocked**. I understand that by signing below, 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 price lists & market-basket price lists of WIC foods to the WIC Program upon request;
4. Being monitored, investigated and/or audited periodically; and
5. Completing and complying with all items in the attached WIC Vendor Agreement.

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

Owner/Officer Name (Please Print): _____ Title (If Officer): _____

Owner/Officer Signature: _____ Date: _____

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LOCAL WIC AGENCY USE ONLY - Application reviewed by (please print):

Name: _____ Title: _____ Date: _____

Local WIC Agency: _____ Program Number: _____
(no abbreviations)

STATE WIC AGENCY USE ONLY – Application reviewed by (please print):

Name: _____ Title: _____ Date: _____

FOR USE BY N.C. WIC PROGRAM

Purpose:

This Vendor Application form is made available by Local WIC Agencies to any NC retailer who wishes to participate in the food delivery system of the N.C. WIC Program.

Preparation:

The owner/officer of the store seeking WIC authorization should complete this form and return it to the Local WIC Agency.

Retention and Disposition:

This form must be retained in accordance with records retention requirements of the North Carolina Department of Cultural Resources and the North Carolina Department of Health and Human Services.

Reorder:

This form may be obtained by Local WIC Agencies from (Use DHHS 2507):

Nutrition Services Branch
1914 Mail Service Center
5601 Six Forks Road
Raleigh, NC 27699-1914
Courier 54-42-01

SAMPLE