

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: _____ Zip: _____
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: _____

5. Store Sales Include: (check all that apply)
 Gasoline Special Formula Household Products Bread Fresh Vegetables/Fruits
 Can Vegetables/Fruits Beef Poultry Pork Sandwich Meats Tofu Rice Baby Foods
6. Amount of Stores Annual Food Sales: \$ _____
7. What percentage of total food sales is expected to be WIC? _____%
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. SNAP 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: _____

DO NOT SUBMIT THIS PAGE FOR STORES UNDER CORPORATE AGREEMENT.

OWNERSHIP DATA

(Corporate store not under contract: If not 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.: () _____ Social Security No.: _____ - _____ - _____

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: _____

Percentage of business owned: _____%

Does the owner own any other stores(s)? Yes No If yes, please list name and location.

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

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Telephone No.: () _____ Social Security No.: _____ - _____ - _____

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: _____

Percentage of business owned: _____%

Does the owner own any other stores(s)? Yes No If yes, please list name and location.

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

Residential Address: _____

City: _____ State: _____ Zip: _____

Home Telephone No.: () _____ Social Security No.: _____ - _____ - _____

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: _____

Percentage of business owned: _____%

Does the owner own any other stores(s)? Yes No If yes, please list name and location.

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 education 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 approved 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 Civil Rights, Room 326-W Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). 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)