

North Carolina Department of Health and Human Services
Division of Public Health • Women's and Children's Health Section
Nutrition Services Branch, Attn: Vendor Unit
MSC 1914 Raleigh, NC 27699-1914
Fax: (919) 870-4895

Vendor Number – Use vendor stamp

Above-50-Percent Vendor Self-Declaration Form

Program Number _____ WIC Program Name _____

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 percent of my total annual food sales.

I project that the annual WIC redemption for my store will **NOT** be more than 50 percent 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)