

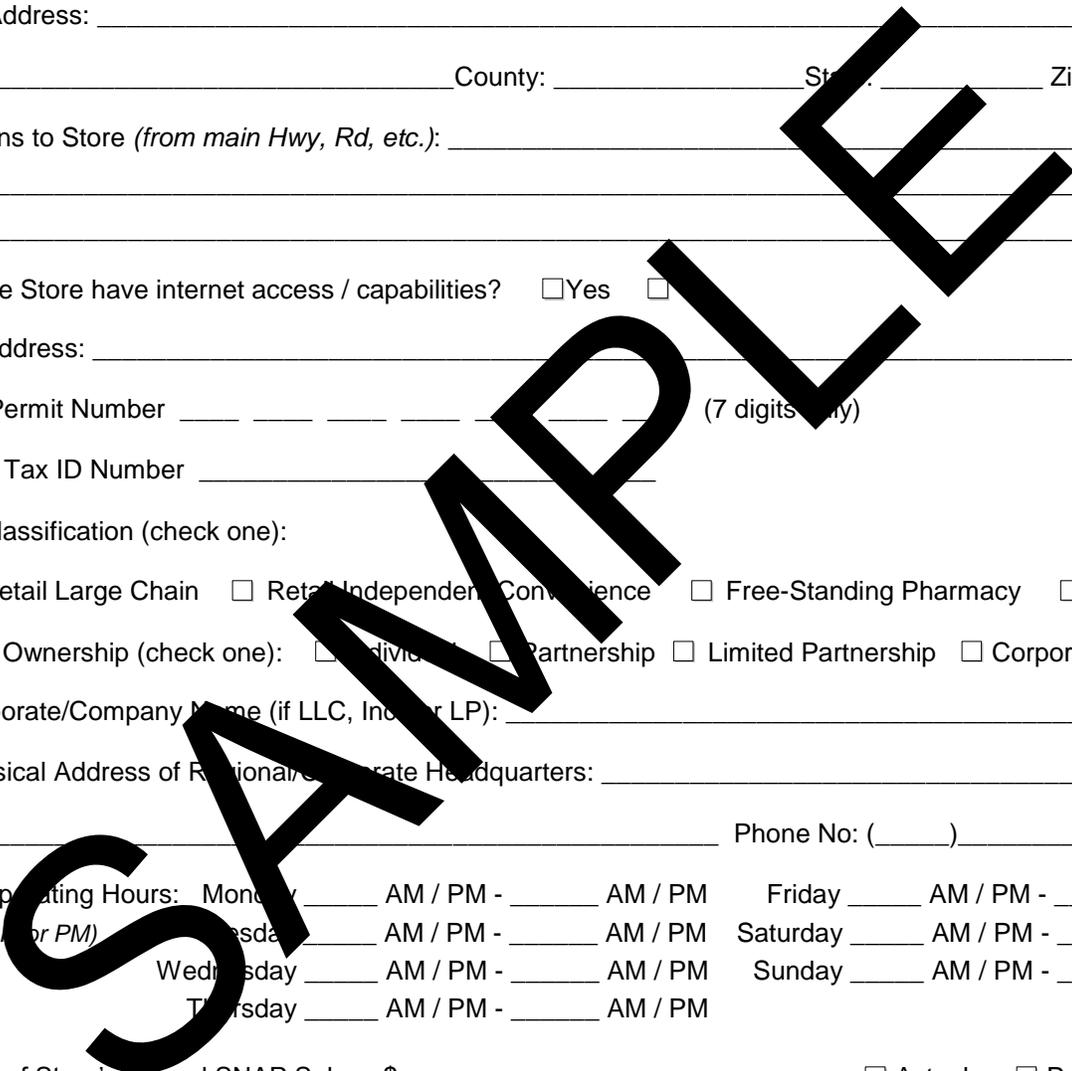
Vendor Number (#) – Use vendor stamp

## 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. Directions to Store (from main Hwy, Rd, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Does the Store have internet access / capabilities?  Yes  No
5. Email Address: \_\_\_\_\_
6. SNAP Permit Number \_\_\_\_\_ (7 digits only)
7. Federal Tax ID Number \_\_\_\_\_
8. Store Classification (check one):  
 Retail Large Chain  Retail Independent Convenience  Free-Standing Pharmacy  Commissary
9. 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: (\_\_\_\_) \_\_\_\_\_
10. 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
11. Amount of Store's Annual SNAP Sales: \$ \_\_\_\_\_ . \_\_\_\_\_  Actual  Projected
12. Amount of Store's Annual Food Sales: \$ \_\_\_\_\_ . \_\_\_\_\_  Actual  Projected
13. Total Number of Registers in Store (Including U-Scans): \_\_\_\_\_  
Number of Registers with Scanning Devices: \_\_\_\_ Number of Scanners That Identify WIC-Authorized Foods: \_\_\_\_
14. Name of Infant Formula Source(s): \_\_\_\_\_  
(Refer to list of authorized sources)
15. Name of Supplier(s) for Other WIC Authorized Foods: \_\_\_\_\_



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

Vendor #: \_\_\_\_\_

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: \_\_\_\_\_

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

Vendor #: \_\_\_\_\_

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: \_\_\_\_\_

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 activities indicating lack of business integrity, including, but not limited to, fraud, antitrust violations, embezzlement, theft, 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: \_\_\_\_\_ Title (If Officer): \_\_\_\_\_  
(Please 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): \_\_\_\_\_

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

Vendor #: \_\_\_\_\_

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

Complete the following information for each owner and officer. Use this page (Page 3a) **only if** you have more than one owner/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 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): \_\_\_\_\_

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 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): \_\_\_\_\_

Mr.  
Mrs.  
Owner / Officer Name: \_\_\_\_\_ 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 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): \_\_\_\_\_

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

Vendor #: \_\_\_\_\_

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: \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they apply for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail (U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410); fax (202) 690-7444; or email ([program.intake@usda.gov](mailto:program.intake@usda.gov))

-----  
**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  
Raleigh, NC 27699-1914  
Courier 54-42-01