

Vendor Stamp Number (Use vendor stamp only)

### N. C. WIC VENDOR INFORMATION UPDATE

Complete ALL sections – **no blank spaces, no "N/A"** (typewritten or print – blue or black ink).  
Sign & date form.

#### SECTION I: Current Store Information / Store Management

Store Name (include store #): \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SNAP Permit Number \_\_\_\_\_ Store Federal Tax ID # \_\_\_\_\_

Business Hours: Sunday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM Thursday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM  
(Circle AM or PM) Monday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM Friday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM  
Tuesday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM Saturday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM  
Wednesday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM

Total number of registers in this store (including U-Scans) \_\_\_\_\_

Number of registers with scanning devices \_\_\_\_\_ Number of scanning devices that identify WIC approved foods \_\_\_\_\_

Name of supplier(s) of infant formula (see list of authorized sources): \_\_\_\_\_

Store Manager's (Full) Name: (Circle one: Mr. Mrs. Ms.) \_\_\_\_\_  
First Middle Last

Is the Store Manager the primary contact for the store?  Yes

If no, provide primary contact name and telephone: \_\_\_\_\_  
First Middle Last Phone #

Does the store have internet access?  Yes  No Email address: \_\_\_\_\_

Percentage of total food sales comes from: WIC \_\_\_\_\_ % Cash \_\_\_\_\_ % Credit/Debit \_\_\_\_\_ % (must total 100%)

#### SECTION II: Store Ownership Information

Type of Ownership: (check one)  Individual  Partnership  Limited Partnership  Corporation  LLC

If incorporated or LLC, Corporate/Company Name: \_\_\_\_\_

Physical address of regional/corporate headquarters: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Mailing address of regional/corporate headquarters (if not same as physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Owner/Officer #1: Name: (Mr. Mrs. Ms.) \_\_\_\_\_ Title (If Officer): \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Percentage of business/shares owned: \_\_\_\_\_%. Please list the complete name and physical location of other store(s) owned: \_\_\_\_\_

Owner/Officer #2: Name: (Mr. Mrs. Ms.) \_\_\_\_\_ Title (If Officer): \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

Percentage of business/shares owned: \_\_\_\_\_%. Please list the complete name and physical location of other store(s) owned: \_\_\_\_\_

#### SECTION III: Business Integrity

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: \_\_\_\_\_

Owner/Officer Signature: \_\_\_\_\_ Title (if Officer): \_\_\_\_\_ Date: \_\_\_\_\_

*This institution is an equal opportunity provider.*

# Vendor Information Update (DHHS 779) Form Instructions:

## REMINDERS:

- Form must be typed or completed in ink (black or blue ink, using print). Do **not** use correction fluid/tape or write over errors.
- The Local WIC Agency program number and name (**no abbreviations**) must be documented on the appropriate lines.
- Using the vendor's stamp, imprint (**written stamp numbers are not acceptable**) WIC number in the box in the top right corner.

## Section I – Current Store Information / Store Management

- Provide store name (include store number), phone number, mailing address, and physical street address.
- SNAP Permit Number: Provide 7-digit Supplemental Nutrition Assistance Program (SNAP) permit number.
- Federal Tax ID #: Provide the business Federal Tax Identification number.
- Business Hours: Provide hours of operation, circling 'AM' or 'PM' for opening and closing times.
- Registers: Total number of all registers in the store, including U-Scans.
- Registers with Scanning Devices: Total number of scanners used with your registers.
- Scanning devices that identify WIC-approved foods: Number of scanning devices to identify WIC-authorized foods.
- Supplier of infant formula: List all suppliers of infant formula (refer to authorized supplier list).
- Store Manager's Name: Circle title of courtesy (Mr., Mrs., or Ms.). Type/print Store Manager's full name (first, middle, last). Do not use initials. If there is no middle name, write "NMN".
- Check 'Yes' or 'No' to whether Store Manager is the primary contact in the store. Provide primary contact name and telephone.
- Internet Access: Check 'Yes' or 'No' to whether the store has internet access capability.
- Email address: Provide an email address for the store/owner.
- Percentage of total food sales: Provide percentage (%) of total food sales expected from WIC, SNAP, Cash, & Credit/Debit sales.

## Section II – Store Ownership Information

- Type of ownership: Check only one (1) type of ownership. If type of ownership is a limited partnership, corporation, or LLC, provide the name, mailing and physical address, and phone number of the limited partnership, corporation or LLC.
- Only one (1) owner allowed per line. If more than 2 owners, use a separate sheet of paper to document additional owners.
- Store Owner:
  - Circle the appropriate title of courtesy (Mr., Mrs., or Ms.). Type or print store owner's full name (first, middle, last). Do not use initials. If there is no middle name, write "NMN". Provide Title, if Store Officer.
  - Type or print owner's residential address and the owner's residential telephone number.
  - List the percentage of business/ shares owned.
  - List all other stores and physical addresses owned by Store Owner. Use additional paper, if necessary (more than 1 store).
  - Repeat the above steps for each Store Owner, using Page 3a of the WIC Vendor Application (DHHS 3282) to document more than 2 store owners/officers.

## Section III – Business Integrity

- Read and answer the question listed. If "yes" is checked, explain answer in space provided. An additional sheet of paper may be attached, if necessary.
- The Store Owner/Officer must sign and date. Provide Title of Officer, if Officer signs.

The Local WIC Agency retains the Yellow copy of completed Update form and returns White copy to the State 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:** Nutrition Services Branch, 1914 Mail Service Center, Raleigh, NC 27699-1914 Courier 54-42-01 (Use DHHS 779)