

WIC VENDOR APPLICATION AFFIDAVIT

This Affidavit may ONLY be completed by a Vendor during the Reauthorization process. If the answer to a question is "Yes," the document referenced in that question does not have to be submitted. If the answer to any of the questions is "No," the Vendor MUST submit the referenced document with the Application.

**** THIS AFFIDAVIT DOES NOT REPLACE THE WIC VENDOR APPLICATION ****

Vendor Trade Name: _____ Vendor #: _____

This Affidavit references documents submitted with the Application for contract period beginning: _____

(Please circle the appropriate terms where a choice is offered.)

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. The <i>Business/Partnership Certificate OR Certificate of Incorporation OR Articles of Organization</i> for the applicant business remains the same as in my most recent recent application. <i>(If no, submit required form.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The SNAP Authorization for the applicant business remains in effect with no changes and/or disciplinary action since my most recent application. <i>(If no, submit SNAP Authorization Certificate.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The Certificate of Authority provided with my most recent application remains in effect with the New York State Department of Taxation and Finance. <i>(If no, submit form DTF 17A.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The property on which the business is located continues to be <i>owned/leased</i> as indicated in my most recent application. <i>(If no, submit Deed or Lease.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The banking institution name, account number and routing number for the applicant business remain the same as in my most recent application. <i>(If no, submit Bank Designation Form and blank voided check.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

I understand that providing false information may result in this application being treated as incomplete or denied or result in my disqualification from the WIC Program. Under the penalty of perjury, I affirm that each statement contained within this application affidavit is true.

Signatory must be legally authorized to enter into a contract on behalf of the store. Agents, Lessees and Powers of Attorney are not acceptable Applicants or Signatories for this Application or for the WIC Vendor Contract.

Name (print) _____ Title _____

Signature _____ Date _____

State of _____

County of _____

On the _____ day of _____, 20____, before me personally appeared _____, to me known, did duly swear or affirm that he/she resides at _____, that he/she is the sole owner/part owner, corporate officer (circle one) of the store described herein and that he/she affirms that each statement contained within this affidavit is true.

NOTARY PUBLIC

This institution is an equal opportunity provider.