

**REQUIRED NEW YORK STATE (NYS) WIC VENDOR APPLICATION ATTACHMENTS**

Document Submission Order	Are the following documents included?			Status	
				Applicant	Vendor Management Agency (VMA)
				Attached (Yes, No, NA)	Attached (Yes, No, NA)
Vendor Type	<input type="checkbox"/> Grocery	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Pharmacy embedded		
1.	<ul style="list-style-type: none"> <li>WIC Vendor Application (signed and dated in black or blue ink <b><u>AND</u></b> notarized with seal or stamp)</li> </ul>				
a.	<ul style="list-style-type: none"> <li>Information on Additional Owners, if applicable.</li> </ul>				
b.	<ul style="list-style-type: none"> <li>Information on Additional Corporate Officer (Vice President), if applicable.</li> </ul>				
c.	<ul style="list-style-type: none"> <li>Written Explanation if the Answer to the Business Integrity Section Question was YES.</li> </ul>				
d.	<ul style="list-style-type: none"> <li>Certificate of Criminal Conviction</li> </ul>				
e.	<ul style="list-style-type: none"> <li>Certificate of Civil Judgment</li> </ul>				
f.	<ul style="list-style-type: none"> <li>Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.</li> </ul>				
g.	<ul style="list-style-type: none"> <li>Written Explanation of ANY Financial Interest in Other Stores or Pharmacies, if applicable.</li> </ul>				
h.	<ul style="list-style-type: none"> <li>Written Explanation on Roles in Business under Previous Ownership, if applicable.</li> </ul>				
2.	<ul style="list-style-type: none"> <li>WIC Vendor Contract – 2 copies (signed and dated in black or blue ink <b><u>AND</u></b> notarized with seal or stamp)</li> </ul>				
3.	<ul style="list-style-type: none"> <li>Copy of SNAP Authorization (Permit/License) (NOT the SNAP Redemption Certificate); <b><u>OR</u></b></li> <li>Proof of Application for SNAP</li> <li>Proof of Pharmacy Registration</li> </ul>				
4.	<ul style="list-style-type: none"> <li>Certificate of Incorporation (Filing Receipt acceptable); <b><u>OR</u></b></li> <li>Articles of Organization; <b><u>OR</u></b></li> <li>Business Certificate; <b><u>OR</u></b></li> <li>Partnership Certificate.</li> </ul>				
5.	<ul style="list-style-type: none"> <li>Contract of Sale; <b><u>OR</u></b></li> <li>Purchase Agreement for the business entity (only submit the pages with the date, buyer and seller names and buyer and seller signatures – do not send entire contract); <b><u>OR</u></b></li> <li>Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.</li> </ul>				
6.	<ul style="list-style-type: none"> <li>Lease for the Store’s Physical Location (only submit the pages with the date, landlord and tenant names; <b><u>AND</u></b> landlord and tenant signatures); <b><u>OR</u></b></li> <li>Assignment of Lease (latest copy only); <b><u>OR</u></b></li> <li>Deed for the store’s physical location.</li> </ul>				
7.	<ul style="list-style-type: none"> <li>Copy of NYS Certificate of Authority** (i.e., Sales Tax Certificate) (DTF 17A, from NYS Department of Taxation and Finance, Authorization to Collect New York State Sales Tax, <b>front side only</b>)</li> <li><b>**Validation Stamp Must be Legible</b></li> </ul>				
8.	<ul style="list-style-type: none"> <li>Infant Formula Supplier Invoices; <b><u>OR</u></b></li> <li>Infant Formula Supplier Letter; <b><u>OR</u></b></li> <li>Infant Formula Receipts (From Approved Infant Supplier List).</li> </ul> <p>Documents must be most current and within 12 months of the application date</p>				

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9.	<ul style="list-style-type: none"> <li>Applicant Pricing Declaration; <b><u>OR</u></b> (Retail Grocery completed, signed and dated in black or blue ink)</li> <li>Pharmacy Applicant Pricing Declaration; <b><u>AND</u></b> (Pharmacy completed, signed and dated in black or blue ink)</li> <li>Market Basket Worksheet (VMA Completed).</li> </ul>		
10.	<ul style="list-style-type: none"> <li>Bank Designation Notification (must be signed by the vendor applicant and the bank representative); <b><u>AND</u></b></li> <li>Blank Voided Business Check; <b><u>OR</u></b></li> <li>Original Bank Letter; <b><u>AND</u></b></li> <li>Vendor Transaction Form (VMA Completed).</li> </ul>		
11.	<ul style="list-style-type: none"> <li>eWIC attachment</li> </ul>		
12.	<ul style="list-style-type: none"> <li>Acceptable proof of compliance with Workers' Compensation Insurance and Disability Benefits Insurance forms. Must list the Vendor Management Agency as the Certificate Holder (Box 2 on C-105.2 &amp; DB-120.1)</li> </ul> <p><b><u>Acceptable Proof of NYS Workers' Compensation Insurance Compliance</u></b></p> <ul style="list-style-type: none"> <li>CE-200</li> <li>C-105.2</li> <li>GSI-105.2</li> <li>U-26.3</li> <li>SI-12</li> </ul> <p><b><u>Acceptable Proof of New York State Disability Benefits Insurance</u></b></p> <ul style="list-style-type: none"> <li>CE-200</li> <li>DB-120.1</li> <li>DB-155</li> </ul>		
13.	<p align="center"><b>**NOT NEEDED FOR PHARMACIES**</b></p> <ul style="list-style-type: none"> <li>Acceptable proof of application for an Agriculture and Markets Inspection***</li> </ul> <p><b><u>Acceptable Proof of Application</u></b></p> <ul style="list-style-type: none"> <li>A copy of the completed and signed application (FSI-302,303); <b><u>OR</u></b></li> <li>A copy of the email confirmation that a completed application was electronically submitted; <b><u>OR</u></b></li> </ul> <ul style="list-style-type: none"> <li>Acceptable proof of a completed Agriculture and Markets Inspection that indicates substantial compliance with no critical deficiencies:</li> </ul> <p><b><u>Acceptable Proof of a Completed Inspection</u></b></p> <ul style="list-style-type: none"> <li>A Notice of Inspection (FSI-890) with the box checked that shows <i>The establishment in substantial compliance in that no critical deficiencies were observed</i>; <b><u>OR</u></b></li> <li>A Sanitary Inspection Report (FSI-894) with no entry in the Critical Deficiencies section.</li> </ul> <p>***VMA must receive proof of a completed inspection that indicates substantial compliance with no critical deficiencies before the vendor is authorized.</p>		