Document Submission Order         Are the following documents included?         Applicant Applicant Applicant Applicant (signed and dated in black or blue ink AM2 notarized with seal or stamp)           1.         • WIC Vendor Application (signed and dated in black or blue ink AM2 notarized with seal or stamp)         •           a.         • Information on Additional Owners, if applicable.         •           b.         • Information on Additional Comparte Officer (Wice President), if applicable.         •           c.         • Written Explanation if the Answer to the Business Integrity Section Question was YES.         •           d.         • Certificate of Civil Judgment f.         •           f.         • Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.         •           g.         • Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.         •           h.         • Written Explanation on Roles in Business under Previous Ownership, if applicable.         •           a.         • Certificate of Indorporation (Filing Receipt acceptable); <u>DR</u> •           orticles of Organization; <u>CR</u> •         •           e.         • Certificate of Indorporation (Filing Receipt acceptable); <u>DR</u> •           e.         • Certificate of Indorporation (Filing Receipt acceptable); <u>DR</u> •           • Proof of Pharmacy Registration (NOT the				Status			
Vendor Type       Grocery       Pharmacy       Pharmacy embedded       (Yes, No, NA)       (Yes, No, NA)         1.       WUC Vendor Application       (signed and dated in black or blue ink <u>AND</u> notarized with seal or stamp)       .         a.       Information on Additional Corporate Officer (Vice President), if applicable.       .       .         c.       Written Explanation if the Answer to the Business Integrity Section Question was YES.       .       .         d.       Certificate of Civil Judgment       .       .       .         f.       Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.       .       .         g.       Written Explanation on Roles in Business under Previous Ownership, if applicable.       .       .         h.       Written Explanation on Roles in Business under Previous Ownership, if applicable.       .       .         g.       Written Explanation on Roles in Business under Previous Ownership, if applicable.       .       .         2.       (WC Hodor Contract - 2 copies (signed and dated in black or blue ink <u>AND</u> notarized with seal or stamp)       .       .         3.       Copy of SNAP Authorization (Permit/License)       .       .       .         (NOT the SNAP Redemption Certificate); <u>DR</u> .       .       .       .         4.       Bus	Submission	Are the following documents included?			Applicant	Management	
1.       • WIC Vendor Application (signed and dated in black or blue ink AND notarized with seal or stamp)         a.       • Information on Additional Owners, if applicable.         b.       • Information on Additional Corporate Officer (Vice President), if applicable.         c.       • Written Explanation if the Answer to the Business Integrity Section Question was YES.         d.       • Certificate of Criminal Conviction         e.       • Certificate of Civil Judgment         f.       • Written Explanation of ANY Relationship in Other Stores or Pharmacles, if applicable.         g.       • Written Explanation on Aoles in Business under Previous Ownership, if applicable.         h.       • Wirkten Explanation on Roles in Business under Previous Ownership, if applicable.         2.       • Wirkten Explanation of Formation (Permit/License) (NOT the SNAP Redemption Certificate); <u>OR</u> • Proof of Application (Permit/License) (NOT the SNAP Redemption Certificate); <u>OR</u> • Proof of Application (Filling Receipt acceptable); <u>OR</u> • Articles of Organization; <u>OR</u> • Partnership Certificate: <u>OR</u> • Partnership Certificate: <u>OR</u> • Partnership Certificate: <u>OR</u> • Partnership Certificate: <u>OR</u> • Contract of Sale; <u>OR</u> • Partnership of an existing business.         • Lease for the Store's Physical Location         (only sub					Attached	Attached	
1.       (signed and dated in black or blue ink AND notarized with seal or stamp)         a.       Information on Additional Corporate Officer (Vice President), if applicable.         b.       Information on Additional Corporate Officer (Vice President), if applicable.         c.       was YES.         d.       Certificate of Ciminal Conviction         e.       Certificate of Civil Judgment         f.       Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.         g.       Written Explanation of ANY Financial Interest in Other Stores or Pharmacies, if applicable.         h.       Written Explanation of ANY Financial Interest in Other Stores or Pharmacies, if applicable.         h.       Written Explanation on Roles in Business under Previous Ownership, if applicable.         2.       Wic Vendor Contract – 2 copies (signed and dated in black or blue ink AND notarized with seal or stamp)         .       Copy of SNAP Authorization (Permit/License) (NOT the SNAP Redemption Certificate; OR         .       Proof of Application for SNAP         .       Proof of Application for SNAP         .       Statics of Incorporation (Filing Receipt acceptable); OR         .       Certificate of Incorporation (Filing Receipt acceptable); OR         .       Proof of Application, OR         .       Extender of the business entitly (only submit the pages with the date, buver	Vendor Type	Grocery	Pharmacy	Pharmacy embedded	(Yes, No, NA)	(Yes, No, NA)	
a.       Information on Additional Cowners, if applicable.         b.       Information on Additional Corporate Officer (Vice President), if applicable.         c.       Written Explanation of the Answer to the Business Integrity Section Question was YES.         d.       Certificate of Ciminal Conviction         e.       Certificate of Civil Judgment         f.       Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.         g.       Written Explanation of RNY Financial Interest in Other Stores or Pharmacies, if applicable.         g.       Written Explanation on Roles in Business under Previous Ownership, if applicable.         g.       Written Explanation or Roles in Business under Previous Ownership, if applicable.         g.       WiC Vendor Contract – 2 copies (signed and dated in black or blue ink <u>AND</u> notarized with seal or stamp) (Sort the SNAP Redemption Certificate); <u>OR</u> g.       Corp of SNAP Authorization (Permit/License)         (NOT the SNAP Redemption Certificate); <u>OR</u> e.       Proof of Pharmacy Registration         c.       Certificate of Incorporation (Filling Receipt acceptable); <u>OR</u> 4.       Autices of Organization; <u>OR</u> Business Certificate; <u>OR</u> Partnership Certificate:         c.       Contract of Sale; <u>OR</u> e.       Lease for the Store'S Physical Location	1	WIC Vendor Applicatio	n				
b.       • Information on Additional Corporate Officer (Vice President), if applicable.         c.       • Written Explanation if the Answer to the Business Integrity Section Question was YES.         d.       • Certificate of Ciniual Conviction         e.       • Certificate of Civil Judgment         f.       Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.         g.       • Written Explanation of ANY Financial Interest in Other Stores or Pharmacies, if applicable.         h.       • Written Explanation on Roles in Business under Previous Ownership, if applicable.         2.       • Wice Vendor Contract - 2 copies (signed and dated in black or blue ink <u>AND</u> notarized with seal or stamp)         (NOT the SNAP Redemption Certificate); <u>OR</u> • Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u> 3.       • Proof of Application for SNAP         • Proof of Application; <u>OR</u> • Articles of Organization; <u>OR</u> • Articles of Organization; <u>OR</u> • Certificate; <u>OR</u> • Partnership Certificate;       • Contract of Sale; <u>OR</u> • Letter indicating that it is a new business entity (only submit the pages with the date, buyer and seller names and buyer and seller signatures - do not send entire contract); <u>OR</u> • Letter indicating that it is a new business and you did not purchase or assume ownership of an ewisting business.         • Letter indicating that it is a new business and you did not purcha	1.	(signed and dated in black or blue ink <u>AND</u> notarized with seal or stamp)					
c.       • Written Explanation if the Answer to the Business Integrity Section Question was YES.         d.       • Certificate of Criminal Conviction         e.       • Certificate of Criminal Conviction         e.       • Certificate of Criminal Conviction         f.       • Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.         g.       • Written Explanation on Roles in Business under Previous Ownership, if applicable.         h.       • Written Explanation on Roles in Business under Previous Ownership, if applicable.         2.       (Signed and dated in black or blue ink <u>AND</u> notarized with seal or stamp)         (NOT the SNAP Redemption Certificate); <u>OR</u> a.       • Proof of Application for SNAP         Proof of Application for SNAP         Proof of Application for SNAP         Proof of Contract; <u>OR</u> • Articles of Organization; <u>OR</u> • Business Certificate; <u>OR</u> • Partnership Certificate;         • Contract of Sale; <u>OR</u> • Lease for the Store's Physical Location (only submit the pages with the date, buyer and seller names and buyer and seller signatures – do not send entire contract); <u>OR</u> • Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> 1andlord and tenant signatures); <u>OR</u> • Deed for the store's physical Location.	a.	Information on Additional Owners, if applicable.					
c.       was YES.         d.       • Certificate of Crininal Conviction         e.       • Certificate of CWi Judgment         f.       • Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.         g.       • Written Explanation of ANY Financial Interest in Other Stores or Pharmacies, if applicable.         g.       • Written Explanation on Roles in Business under Previous Ownership, if applicable.         2.       • WiC Vendor Contract – 2 copies (signed and dated in black or blue ink <u>AVD</u> notarized with seal or stamp)         6.       • Copy of SNAP Authorization (Permit/License) (NOT the SNAP Redemption Certificate); <u>OR</u> 9.       • Proof of Application for SNAP         9.       • Proof of Application for SNAP         9.       • Cortract of Snization; <u>OR</u> 9.       • Cortract of Sniz; <u>OR</u> 9.       • Cortract of Sniz; <u>OR</u> 9.       • Cortract of an existing business.         9.       • Letter indicating that it is a new business and you did	b.	Information on Additio	nal Corporate Officer (Vic	e President), if applicable.			
d.       • Certificate of Criminal Conviction         e.       • Certificate of Civil Judgment         f.       • Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.         g.       • Written Explanation of ANY Financial Interest in Other Stores or Pharmacies, if applicable.         h.       • Written Explanation on Goles in Business under Previous Ownership, if applicable.         2.       • Written Explanation on Roles in Business under Previous Ownership, if applicable.         2.       • Written Explanation on Certificate): <u>OR</u> 3.       • Copy of SNAP Authorization (Permit/License) (NOT the SNAP Redemption Certificate): <u>OR</u> 9.       • Proof of Application for SNAP         9.       • Contract of Sale; <u>OR</u> 9.       • Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.         9.       • Letter indicating that it is a new business an	C	•	the Answer to the Busines	ss Integrity Section Question			
e.       • Certificate of Civil Judgment         f.       • Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.         g.       • Written Explanation of ANY Financial Interest in Other Stores or Pharmacies, if applicable.         h.       • Written Explanation on Roles in Business under Previous Ownership, if applicable.         2.       • Written Explanation on Roles in Business under Previous Ownership, if applicable.         2.       • Written Explanation on Roles in Business under Previous Ownership, if applicable.         3.       • Copy of SNAP Authorization (Permit/License) (NOT the SNAP Redemption Certificate); <u>OR</u> 9.       • Copy of SNAP Authorization (Permit/License)         (NOT the SNAP Redemption Certificate); <u>OR</u> • Proof of Application for SNAP         9.       • Proof of Application for SNAP         9.       • Proof of Pharmacy Registration         4.       • Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u> 9.       • Partnership Certificate.         9.       • Contract of Sale; <u>OR</u> 9.       • Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.         10.       • Letter ind							
f.       • Written Explanation of ANY Relationship in Other Stores or Pharmacies, if applicable.         g.       • Written Explanation of ANY Financial Interest in Other Stores or Pharmacies, if applicable.         h.       • Written Explanation on Roles in Business under Previous Ownership, if applicable.         2.       • WIC Vendor Contract – 2 copies (signed and dated in black or blue ink <u>AND</u> notarized with seal or stamp)         3.       • Copy of SNAP Authorization (Permit/License) (NOT the SNAP Redemption Certificate); <u>OR</u> 9.       • Proof of Application for SNAP         • Proof of Pharmacy Registration       • Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u> 4.       • Business Certificate; <u>OR</u> • Partnership Certificate.       • 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) <u>OR</u> 5.       • Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> 6.       • Lease for the store's physical Location.         7.       • Copy of NYS Certificate Sales Tax, front side only         9.       • Copy of NYS Certificate Sales Tax, front side only         • **Validation Stamp Must be Legible       • Infant Formula Supplier Invoices; <u>OR</u> 8.       • Infant Formula Supplier Incerts; <u>OR</u>	d.						
r.       applicable.         B       • Written Explanation of ANY Financial Interest in Other Stores or Pharmacies, if applicable.         h.       • Written Explanation on Roles in Business under Previous Ownership, if applicable.         2.       • WIC Vendor Contract – 2 copies (signed and dated in black or blue ink <u>AND</u> notarized with seal or stamp)         Signed and dated in black or blue ink <u>AND</u> notarized with seal or stamp)       • (NOT the SNAP Redemption Certificate): <u>OR</u> 8.       • Proof of Application for SNAP         • Proof of Application for SNAP       • Proof of Pharmacy Registration         4.       • Articles of Organization; <u>OR</u> 9.       • Port of Organization; <u>OR</u> • Partnership Certificate.       • Contract of Sale; <u>OR</u> • Partnership Certificate.       • Contract of Sale; <u>OR</u> • 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); <u>OR</u> • Lease for the Store's Physical Location (only submit the pages with the date, landord and tenant names; <u>AND</u> 6.       Iandlord and tenant signatures); <u>OR</u> • Lease for the Store's Physical Location.       • Copy of NYS Certificate of Authority** (i.e., Sales Tax Certificate)         7.       • Copy of NYS Certificate of Authority** (i.e., Sales Tax Certificate)       • Copy of NYS Certificate of Authority** (i.e., Sales Tax Certi	e.						
8.       if applicable.         h.       • Written Explanation on Roles in Business under Previous Ownership, if applicable.         2.       • WIC Vendor Contract – 2 copies (signed and dated in black or blue ink <u>AND</u> notarized with seal or stamp)         3.       • Copy of SNAP Authorization (Permit/License) (NOT the SNAP Redemption Certificate); <u>OR</u> 9.       • Proof of Application for SNAP         • Proof of Application for SNAP       • Proof of Pharmacy Registration         4.       • Articles of Organization; <u>OR</u> 9.       • Contract of Sale; <u>OR</u> • Partnership Certificate; <u>OR</u> • Partnership Certificate; <u>OR</u> • 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); <u>OR</u> • Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.         6.       Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> landlord and tenant signatures); <u>OR</u> • Deed for the store's physical location.       • Copy of NYS Certificate of Authority** (i.e., Sales Tax Certificate)         7.       • Copy of NYS Department of Taxation and Finance, Authorization to Collect. New York State Sales Tax, front side only)         • *Validation Stamp Must be Legible       • Infant Formula Supplier Letter; <u>OR</u> 8.       •	f.						
n.       applicable.         2.       WIC Vendor Contract – 2 copies (signed and dated in black or blue ink <u>AND</u> notarized with seal or stamp)         3.       Copy of SNAP Authorization (Permit/License) (NOT the SNAP Redemption Certificate); <u>OR</u> 9.       Proof of Application for SNAP         • Proof of Application for SNAP       Proof of Pharmacy Registration         •       Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u> • Articles of Organization; <u>OR</u> •         • Business Certificate; <u>OR</u> •         • Partnership Certificate.       •         • Contract of Sale; <u>OR</u> •         • 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); <u>OR</u> • Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.         • Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> landlord and tenant signatures); <u>OR</u> • Deed for the store's physical location.       •         7.       Copy of NYS Certificate of Authority** (i.e., Sales Tax Certificate) (OTT 17A, from NYS Department of Taxation and Finance, Authorization to Collect New York State Sales Tax, front side only)         • **Validation Stamp Must be Legible       •         • Infant Formula Supplier Letter; <u>OR</u> • <th>g.</th> <td>•</td> <th>ANY Financial Interest in</th> <td>Other Stores or Pharmacies,</td> <td></td> <td></td>	g.	•	ANY Financial Interest in	Other Stores or Pharmacies,			
2.       (signed and dated in black or blue ink AND notarized with seal or stamp)         3.       Copy of SNAP Authorization (Permit/License) (NOT the SNAP Redemption Certificate); <u>OR</u> 9.       Proof of Application for SNAP         •       Proof of Pharmacy Registration         4.       •         •       Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u> •       •         •       Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u> •       •         •       Certificate; <u>OR</u> •       Partnership Certificate.         •       Contract of Sale; <u>OR</u> •       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); <u>OR</u> •       Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.         •       Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> landlord and tenant signatures); <u>OR</u> •       Lease (latest copy only); <u>OR</u> •       Deed for the store's physical location.         6.       -         •       Copy of NYS Certificate of Authority** (i.e., Sales Tax Certificate) (DTF 17A, from NYS Department of Taxation and Finance, Authorization to Colle	h.	Written Explanation on Roles in Business under Previous Ownership, if					
3.       • Copy of SNAP Authorization (Permit/License) (NOT the SNAP Redemption Certificate); <u>OR</u> • Proof of Application for SNAP       • Proof of Application for SNAP         • Proof of Pharmacy Registration       • Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u> 4.       • Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u> • Articles of Organization; <u>OR</u> • Business Certificate; <u>OR</u> • Partnership Certificate.       • Contract of Sale; <u>OR</u> • 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); <u>OR</u> • Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.         • Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> landlord and tenant signatures); <u>OR</u> • Deed for the store's physical location.         • 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, front side only)         • **Validation Stamp Must be Legible       • Infant Formula Supplier Invoices; <u>OR</u> 8.       • Infant Formula Supplier Invoices; <u>OR</u> • Infant Formula Supplier Invoices; <u>OR</u>	2.	WIC Vendor Contract – 2 copies					
3.       (NOT the SNAP Redemption Certificate); <u>OR</u> Proof of Application for SNAP       Proof of Application for SNAP         Proof of Pharmacy Registration       Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u> A.       • Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u> • Articles of Organization; <u>OR</u> • Partnership Certificate; <u>OR</u> • Partnership Certificate; <u>OR</u> • 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); <u>OR</u> • Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.         6.       • Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> landlord and tenant signatures); <u>OR</u> • Deed for the store's physical location.       • 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, front side only)         • **Validation Stamp Must be Legible       • Infant Formula Supplier Invoices; <u>OR</u> 8.       • Infant Formula Receipts (From Approved Infant Supplier List).       • Infant Formula Receipts (From Approved Infant Supplier List).				ized with sear or stampy			
3. <ul> <li>Proof of Application for SNAP</li> <li>Proof of Pharmacy Registration</li> </ul> 4. <ul> <li>Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u></li> <li>Articles of Organization; <u>OR</u></li> <li>Business Certificate; <u>OR</u></li> <li>Partnership Certificate.</li> </ul> 5. <ul> <li>Contract of Sale; <u>OR</u></li> <li>Purchase Agreement for the business entity</li> <li>(only submit the pages with the date, buyer and seller names and buyer and seller signatures – do not send entire contract); <u>OR</u></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> <li>Lease for the Store's Physical Location</li></ul>							
• Proof of Pharmacy Registration         • Certificate of Incorporation (Filing Receipt acceptable); <u>OR</u> • Articles of Organization; <u>OR</u> • Business Certificate; <u>OR</u> • Partnership Certificate.         • Contract of Sale; <u>OR</u> • 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); <u>OR</u> • Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.         • Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> landlord and tenant signatures); <u>OR</u> • Lease for the store's physical location.         6.         • 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, front side only)         • **Validation Stamp Must be Legible         8.       • Infant Formula Supplier Invoices; <u>OR</u> • Infant Formula Supplier Invoices; <u>OR</u> • Infant Formula Receipts (From Approved Infant Supplier List).	3.						
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<ul> <li>Business Certificate; <u>OR</u></li> <li>Partnership Certificate; <u>OR</u></li> <li>Partnership Certificate.</li> <li>Contract of Sale; <u>OR</u></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); <u>OR</u></li> <li>Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.</li> <li>Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> landlord and tenant signatures); <u>OR</u></li> <li>Lease (latest copy only); <u>OR</u></li> <li>Deed for the store's physical location.</li> <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, front side only)</li> <li>**Validation Stamp Must be Legible</li> <li>Infant Formula Supplier Invoices; <u>OR</u></li> <li>Infant Formula Supplier Invoices; <u>OR</u></li> <li>Infant Formula Receipts (From Approved Infant Supplier List).</li> </ul>				table); <u>OR</u>			
<ul> <li>Business Certificate; <u>OR</u></li> <li>Partnership Certificate.</li> <li>Contract of Sale; <u>OR</u></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); <u>OR</u></li> <li>Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.</li> <li>Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> landlord and tenant signatures); <u>OR</u></li> <li>Deed for the store's physical location.</li> <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, front side only)</li> <li>**Validation Stamp Must be Legible</li> <li>Infant Formula Supplier Invoices; <u>OR</u></li> <li>Infant Formula Receipts (From Approved Infant Supplier List).</li> </ul>	4						
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<ul> <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); <u>OR</u></li> <li>Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.</li> <li>Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> landlord and tenant signatures); <u>OR</u></li> <li>Assignment of Lease (latest copy only); <u>OR</u></li> <li>Deed for the store's physical location.</li> <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, front side only)</li> <li>**Validation Stamp Must be Legible</li> <li>Infant Formula Supplier Invoices; <u>OR</u></li> <li>Infant Formula Supplier Letter; <u>OR</u></li> <li>Infant Formula Receipts (From Approved Infant Supplier List).</li> </ul>		Partnership Certificate.					
5.       (only submit the pages with the date, buyer and seller names and buyer and seller signatures – do not send entire contract); <u>OR</u> •       Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.         6.       Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> landlord and tenant signatures); <u>OR</u> 6.       Jandlord and tenant signatures); <u>OR</u> 6.       Deed for the store's physical location.         7.       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, front side only)         **Validation Stamp Must be Legible         8.       Infant Formula Supplier Invoices; <u>OR</u> 9.       Infant Formula Receipts (From Approved Infant Supplier List).		<ul> <li>Contract of Sale; <u>OR</u></li> </ul>					
5.       seller signatures – do not send entire contract); <u>OR</u> •       Letter indicating that it is a new business and you did not purchase or assume ownership of an existing business.         6.       Lease for the Store's Physical Location (only submit the pages with the date, landlord and tenant names; <u>AND</u> 6.       Iandlord and tenant signatures); <u>OR</u> 9.       Deed for the store's physical location.         7.       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, front side only)         8.       Infant Formula Supplier Invoices; <u>OR</u> 8.       Infant Formula Supplier Letter; <u>OR</u>		-					
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Infant Formula Receipts (From Approved Infant Supplier List).							
				Supplier List).			
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		Status	
Document Submission Order	Are the following documents included?	Applicant	Vendor Management Agency (VMA)
		Attached	Attached
9.	<ul> <li>Applicant Pricing Declaration; <u>OR</u> (Retail Grocery completed, signed and dated in black or blue ink)</li> <li>Pharmacy Applicant Pricing Declaration; <u>AND</u> (Pharmacy completed, signed and dated in black or blue ink)</li> <li>Market Basket Worksheet (VMA Completed).</li> </ul>		
10.	<ul> <li>Bank Designation Notification (must be signed by the vendor applicant and the bank representative); <u>AND</u></li> <li>Blank Voided Business Check; <u>OR</u></li> <li>Original Bank Letter; <u>AND</u></li> <li>Vendor Transaction Form (VMA Completed).</li> </ul>		
11.	eWIC attachment		
12.	• 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 & DB-120.1)		
	Acceptable Proof of NYS Workers' Compensation Insurance Compliance <ul> <li>CE-200</li> <li>C-105.2</li> <li>GSI-105.2</li> <li>U-26.3</li> <li>SI-12</li> </ul>		
	<ul> <li>Acceptable Proof of New York State Disability Benefits Insurance</li> <li>CE-200</li> <li>DB-120.1</li> <li>DB-155</li> </ul>		
	**NOT NEEDED FOR PHARMACIES**		
	<ul> <li>Acceptable proof of application for an Agriculture and Markets Inspection***</li> </ul>		
13.	<ul> <li>Acceptable Proof of Application</li> <li>A copy of the completed and signed application (FSI-302,303); <u>OR</u></li> <li>A copy of the email confirmation that a completed application was electronically submitted; <u>OR</u></li> </ul>		
	<ul> <li>Acceptable proof of a completed Agriculture and Markets Inspection that indicates substantial compliance with no critical deficiencies:</li> </ul>		
	<ul> <li>Acceptable Proof of a Completed Inspection         <ul> <li>A Notice of Inspection</li> <li>(FSI-890) with the box checked that shows The establishment in substantial compliance in that no critical deficiencies were observed; <u>OR</u></li> <li>A Sanitary Inspection Report</li> <li>(FSI-894) with no entry in the Critical Deficiencies section.</li> </ul> </li> </ul>		
	***VMA must receive proof of a completed inspection that indicates substantial compliance with no critical deficiencies before the vendor is authorized.		