

Instructions for Completing the WIC Vendor Application

Important: All items must be completed, unless otherwise indicated. If this application is incomplete, it will be returned to you. All information provided in and with this application must be current as of the date that the application is submitted to the WIC Local Agency.

PART I – STORE IDENTIFICATION

1. FOOD STAMP AUTHORIZATION NUMBER (SNAP) –enter the 7-digit number appearing on the upper left corner of the Food Stamp Authorization document and include a copy (not required for pharmacies).
2. STORE TRADE NAME – Do not enter the corporate name *unless* they are the same.
3. TAX INFORMATION –

FEDERAL

If applicable, enter the 9-digit Federal Employer Identification Number (FEIN) used to report business tax information to the IRS. If this number is assigned to a store other than the one listed above, enter that name on the next line. If there is no FEIN and taxes are reported to the IRS under the Social Security Number of an owner, then enter that person's name on the following line (DO NOT ENTER THEIR SOCIAL SECURITY NUMBER).

STATE

Enter your sales tax number and attach a copy of the store's stamped New York State Sales Tax Certificate of Authority.

4. Is this a chain store? Defined as a one of a group of 3 or more similarly identified retail stores under one corporate ownership or franchiser. If **yes**, write in the store unit number, if any, and quantity of stores owned in NYS.
5. STORE ADDRESS
 - A. PHYSICAL LOCATION – Enter the **exact** address of the store and indicate in the spaces provided an alternate address, if applicable, due to an entrance located on another street and indicate the nearest intersection/cross streets and provide directions from the nearest intersection/cross streets.
 - B. MAILING ADDRESS – Enter the mailing address for your business, if different from the store's physical address.
6. Enter the store telephone number.
7. Enter the store fax number (Optional).
8. Enter the store e-mail address.
9. STORE MANAGER IDENTIFICATION – Enter the name and date of birth of the person with primary on-site responsibility for daily operations. If this is a chain store, indicate the name and date of birth of the district manager.

PART II – STORE OWNERSHIP AND MANAGEMENT

1. TYPE OF OWNERSHIP – Check one type: choose the type of store and indicate if store is a franchise.

2. OWNERSHIP IDENTIFICATION
 - A. Enter the name and address of the business if it is different from store trade name on page 1 (for example, a parent corporation).
 - B. Owners' names, home addresses, date of birth, title, personal telephone and home address.

SOLE PROPRIETORSHIP OR PARTNERSHIP OR CORPORASTION

Enter in the section below, the requested information of the sole proprietorships, partnerships or officers of a corporation. Write name **exactly** as it is shown on owner/officer's social security card.

If there are more than three owners/officers, attach additional sheets providing the same information entered below.

C. Business integrity – During the last 6 years has the vendor applicant or 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 or obstruction of justice? Answer **Yes** or **No**.

If the answer to the question above is Yes, attach a written explanation, giving the name of the person(s) who was convicted of or has had a civil judgment entered against them for the above activity indicating a lack of business integrity; their relationship to the owner, partner, or corporate entity; and their current or past position, if any, in the store corporation. Attach a copy of the certificate of criminal conviction or civil judgment.

In order to properly identify vendors, the NYS Department of Health and WIC Local Agency reserve the right to photograph and/or fingerprint store owners, contract signatories, managers and employees.

PART III – STORE AND OWNERSHIP HISTORY

Did you buy or start the retail store business for which you are applying?

- If you indicate **BUY**, answer questions 1 – 13 below and attach a signed and dated copy of the bill of sale for the store.

- if you indicate **START**, answer questions 1 – 5 below and attach a [start of business letter](#) declaring that this is a new business.

1. Have you previously, or do you presently own, manage or have financial interest **in any other store(s) or pharmacy(ies)**? List all stores that have financial interest means an investment in the business or receipt of income from the business. Answer **YES** or **NO**.

If **YES**, list the vendor number (if store is/was a contractor with the WIC Program), store name, relationship to the business, and address for each store. (If there are more than 3 stores, attach additional sheets providing the same information as requested below.) If the relationship is a financial interest, describe the nature of the financial interest.

Were any of the stores (those listed above **and the applicant store**) or present owners (including corporations and partners) or employees of the stores (those listed above **and the applicant store**) ever fined, non-renewed, disqualified, terminated, suspended or denied participation by the WIC or Food Stamp Programs? Answer **YES** or **NO**.

If **YES**, indicate which store (s) / owner(s) in the space provided.

If **YES**, please check all the box(es) that apply under **WIC** and/or **FOOD STAMPS**.

2. Do you own the building in which the business is located?
If **YES**, provide a deed or copy of the contract of sale for the building. If **NO**, provide a copy of a signed and dated lease agreement.
3. Does the previous owner of the building have any financial interest in or hold a mortgage on the applicant store business or the building the business is operating in?
If **YES**, please describe in the space provided.
If **NO**, enter the date the previous owner of the building ceased all involvement with the operation of the store in the space provided.
4. Do you presently employ or contract in any capacity with any previous owner(s) of this building?
If **YES**, list names and indicate (in the space provided) whether each individual is an employee or contractor.
5. When did (or will) the applicant store open for business under current ownership?
Enter date in the space provided.

APPLICANTS WHO STARTED THE APPLICANT BUSINESS MAY SKIP THE FOLLOWING QUESTIONS 6 – 13 AND PROCEED TO PART IV OF THE APPLICATION. **APPLICANTS WHO PURCHASED THE APPLICANT BUSINESS MUST COMPLETE QUESTIONS 6 – 13 BELOW.**

6. What was the date of closing of the sale of the business? Enter date in the space provided.
7. What was the trade name of the store you purchased? Enter name in the space provided.
8. Was the store an authorized WIC vendor prior to your buying it?
If **YES**, indicate WIC Vendor number, if known in the space provided.
9. From whom did you buy this business? (Complete one): Name of person, partnership or corporation.
10. Are you related by blood, marriage or adoption to any of the former owner(s), or corporate officer(s) of the store?
If **YES**, indicate name and relationship in the space provided.
11. Were you an owner, partner, corporate officer or employee of the business you purchased?
If **YES**, please specify which by checking one of the choices provided.
12. Do any of the former owners, partners, corporate officers, managers, or employees of the business you purchased have a financial interest in the applicant business or are any of them current owners, corporate officers, managers, employees or contractors of the applicant business? (Financial interest means an investment in the business or receipt of income from the business.)
If **YES**, complete the table provided below. If more than 5 individuals, attach additional sheets indicating the information requested in the table.
If **NO**, enter the date the previous owner of the business ceased all involvement with the operation of the store.
13. If the store was previously owned and operated under another name(s), please list the former store trade name(s) and former owner(s) in the space provided.

PART IV – STORE TYPE AND HOURS

1. Type of store (Check all that apply):
FRANCHISE – a store operated by an individual, partnership or corporation that has been granted the right to market a parent company's merchandise.

CONVENIENCE – owned by an individual, partnership or corporation, stocking primarily “convenience items” (e.g., bread, milk, eggs and sundries).

INDEPENDENT – up to 2 stores which are owned by a single individual partnership or corporation and which do not have the buying power of a group.

PHARMACY – licensed by the NYS Education Department to operate in this state.

COMMISSARY – Department of Defense facility only.

OTHER – E.g., a cooperative. Please describe in the space provided.

2. Hours of Business

Open 24 hours, 7 days a week? Indicate **YES** or **NO**

If no, list hours your store is open for business in the space provided.

Please note your store must be open a minimum 8 hours a day 6 days a week.

PART V – STORE CHARACTERISTICS

1. Enter Number of Employees in the space provided.
2. Enter the square footage of store in the space provided.
3. Enter Number of all cash registers in the space provided.
4. Is there video surveillance of the cash registers? Check **YES** or **NO**.
5. Enter the Number of operating scanners in the space provided.
6. Enter the Number of operating scanners that can identify WIC authorized foods versus non-WIC foods in the space provided.
7. Does the store have any rolling (mobile) store locations or delivery routes? Check **YES** or **NO**. If **YES**, please describe in the space provided.
8. Gross Annual Sales Amounts

Existing Stores:

Provide gross annual **TOTAL** sales for the last 12 months in the space provided.

Provide gross annual **FOOD** sales for the last 12 months in the space provided.

New Stores:

Provide a projected amount of gross annual **TOTAL** sales for 12 months in the space provided.

Provide a projected amount of gross annual **FOOD** sales for 12 months in the space provided.

Is more than 50% of your gross annual **FOOD** sales for the next 12 months expected to come from WIC checks? Please indicate **YES** or **NO**.

9. Enter the Sole bank account number for deposit of WIC checks in the space provided. (Attach [Bank Designation Notification](#) and a **VOIDED** bank account check).

10. Bank Information – Enter all relevant information regarding the bank institution associated with the financial transactions of your store in the space provided.

11. Do you sell alcoholic beverages? Answer **YES** or **NO**.
If **YES**, indicate liquor license's serial number in the space provided.

12. Do you sell lottery tickets? Answer **YES** or **NO**.

13. Who is your primary grocery wholesaler?
Enter all relevant information regarding the grocery wholesaler you primarily use in the space provided.

Who is your primary infant formula supplier? (Attach proof that you purchased/will purchase infant formula from a NYS approved supplier – for example: a letter, or receipt/invoices within 60 days from the completed application submission. Enter all relevant information regarding the infant formula supplier you primarily use in the space provided.

List any occasional infant formula suppliers in the space(s) provided.

14. Do you primarily sell kosher foods? Answer **YES** or **NO**.

15. Indicate the date of the most recent inspection of your store by the NYS Department of Agriculture and Markets in the space provided. Note: Sanitary reports are acceptable.

Attach a copy of the Notice of Inspection indicating that no critical deficiencies were observed or that critical deficiencies were corrected at the time of inspection.

The WIC Vendor Application is required by the Director, Bureau of Supplemental Food Programs, Division of Nutrition, NYS Department of Health, Albany, NY 12204-2719, under the authority of 10NYCRR 60-1 and 7CFR 246. The information is used to determine whether the applicant vendor meets eligibility requirements, to collect information used for statistical purposes and to have accurate mailing and contact information. Failure to provide the requested data may result in the denial of your WIC Vendor Application.

PLEASE CAREFULLY REVIEW THE APPLICATION STATEMENT, THE STOCK STATEMENT AND THE BANK STATEMENT.

Print your name and title in the spaces provided.

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 Vendor Contract.

Sign and date the application in the spaces provided.

Enter name of Application Preparer (if different from name printed above) in the space provided. Also enter phone and fax numbers along with e-mail address.

Application must be notarized prior to submission to WIC Program. **All dates must match.**

Please review statement regarding standards for participation in the WIC Program.

No fee is charged by the state or WIC local agencies to become a WIC vendor or to obtain, complete or process a WIC application.

PLEASE REVIEW THE LIST OF ATTACHMENTS TO WIC VENDOR APPLICATION (3/10)

The Applicant Vendor is responsible for providing all forms/ documents listed in the WIC Vendor Application and the NYS WIC Program Manual. The List of Attachments is intended to assist the applicant in making sure all required form/documents have been provided. Additional forms/documents not listed may also be requested from the Applicant Vendor as part of the application process. The List of Attachments is subject to change.