

Change in Business Structure Notification

Instructions:

- Complete **Section A** with all current vendor information.
- Complete **Section B** with vendor information to be changed. Use the check boxes in the left column to indicate all changes taking place and record date of change, or date of authorization for SNAP and FEIN changes. Complete all requested information and sign and date page 1.
- Complete **Section C** if there is a change in ownership or personnel (Owner, Partner, and Corporate Officer). Complete all requested information and sign and date page 2. If there are more than 3 changes, photocopy page 2 and sign and date each additional page.

Vendor **MUST** report any change to their business structure to the contracting WIC vendor Management Agency (VMA) in advance of the change. Failure to notify the VMA in a timely manner could lead to the vendor’s termination from the WIC program.

A Vendor Information Currently on File	
Name of an Owner, Partner, Officer, or LLC Manager/Member Last, First, Middle	SNAP #
Business Name/Corporate Name	
Trade Name	WIC Vendor #

B Information to be Changed, indicate any and all changes.																
<input type="checkbox"/>	Change in Corporate/Business Name:	Date of Change:														
<input type="checkbox"/>	Change in Trade Name:	Date of Change:														
<input type="checkbox"/>	New store address:															
<input type="checkbox"/>	Old store address:	Date of Change:														
<input type="checkbox"/>	New mailing address:	Date of Change:														
<input type="checkbox"/>	Changed store phone number to:	Date of Change:														
<input type="checkbox"/>	Change in store hours:	Date of Change:														
<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse; border: none;"> <tr> <td style="width: 12.5%; text-align: center;">Monday</td> <td style="width: 12.5%; text-align: center;">Tuesday</td> <td style="width: 12.5%; text-align: center;">Wednesday</td> <td style="width: 12.5%; text-align: center;">Thursday</td> <td style="width: 12.5%; text-align: center;">Friday</td> <td style="width: 12.5%; text-align: center;">Saturday</td> <td style="width: 12.5%; text-align: center;">Sunday</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday								
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday										
<input type="checkbox"/>	Change of SNAP number:	Date Authorized:														
<input type="checkbox"/>	Change of FEIN:	Date Authorized:														

Signature of Current Owner/Officer X	Date Signed:
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Change in Business Structure Notification

C Change in Ownership/Corporate Structure				
<input type="checkbox"/> New Owner	<input type="checkbox"/> Adding a Person	<input type="checkbox"/> Removing a Person	<input type="checkbox"/> Change in Title	Date of Change:
Print Full Legal Name of Owner, Partner or Corporate Officer:				
Signature of Owner, Partner or Corporate Officer X			Title with Business:	
Social Security Number:		Birthdate:		
Home Address (street, city, zip code):				
Did you have a prior role with the business before now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please describe:		
Contact email:				
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<input type="checkbox"/> New Owner	<input type="checkbox"/> Adding a Person	<input type="checkbox"/> Removing a Person	<input type="checkbox"/> Change in Title	Date of Change:
Print Full Legal Name of Owner, Partner or Corporate Officer:				
Signature of Owner, Partner or Corporate Officer X			Title with Business:	
Social Security Number:		Birthdate:		
Home Address (street, city, zip code):				
Did you have a prior role with the business before now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please describe:		
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C Change in Ownership/Corporate Structure				
<input type="checkbox"/> New Owner	<input type="checkbox"/> Adding a Person	<input type="checkbox"/> Removing a Person	: <input type="checkbox"/> Change in Title	Date of Change
Print Full Legal Name of Owner, Partner or Corporate Officer:				
Signature of Owner, Partner or Corporate Officer X			Title with Business:	
Social Security Number:		Birthdate:		
Home Address (street, city, zip code):				
Did you have a prior role with the business before now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please describe:		
Contact email:				
Signature of Current Owner/Officer X			Date Signed:	