

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: _____
Attach copy of food stamp authorization. **Food stores without food stamp authorization should contact the WIC Local Agency.** Pharmacies are not required to have food stamp authorization.

2. STORE TRADE NAME: _____

3. TAX INFORMATION

FEDERAL

If the store has one, write in the Federal Employer Identification Number (FEIN) used to report business tax information to the Internal Revenue Service. _____ - _____

If the FEIN is under a different business name than the store name, _____ write in the name of the business to which the FEIN is assigned.

If the store does not have an FEIN and the store's taxes are reported to the Internal Revenue Service under the Social Security Number (SSN) of one of the owners, then write the name of the owner whose SSN is used to report business taxes. _____

STATE

Sales tax number: _____
Attach a copy of the store's stamped New York State Sales Tax Certificate of Authority.

4. IS THIS A CHAIN STORE? (Definition: A chain store is ONE OF A GROUP OF THREE OR MORE similarly identified retail stores under one corporate ownership or franchiser). If YES, write in chain store unit number, if any, and quantity of stores owned in NYS. YES NO

_____ (quantity owned in NYS)

5. STORE ADDRESS

A. PHYSICAL LOCATION

Street Number: _____ Street Name: _____

City: _____

County: _____ State: _____ Zip: _____ - _____

•Indicate any other street address that this store has at the same location (for example: different street entrances or street names): _____

•Indicate the nearest intersections/cross streets to the store and provide directions from the nearest intersection/cross street: _____

B. MAILING ADDRESS

Office/Apartment Number: _____ Street Number: _____

Street Name/Rural Route No./P.O. Box: _____

City: _____ State: _____ Zip: _____ - _____

6. STORE TELEPHONE NUMBER Area Code: _____ Number: _____ - _____

7. STORE FAX NUMBER Area Code: _____ Number: _____ - _____

8. STORE E-MAIL ADDRESS: _____

9. STORE MANAGER IDENTIFICATION – Name of the person with primary on-site responsibility for daily operations.

First Name: _____ Last Name: _____

Date of Birth: _____

If this is a chain store, indicate district manager's name.

First Name: _____ Last Name: _____

Date of Birth: _____

PART II - STORE OWNERSHIP AND MANAGEMENT

1. TYPE OF OWNERSHIP- Check one type:

Sole Proprietorship Privately-held corporation Cooperative **IS THIS STORE A FRANCHISE?**
 Partnership Publicly-owned corporation Government-owned YES NO

2. OWNERSHIP IDENTIFICATION

**A. NAME AND ADDRESS OF THE BUSINESS IF IT IS DIFFERENT FROM STORE TRADE NAME ON PAGE 1.
(For example, a parent corporation.)**

Business Owner's Name: _____

Legal Address of Business: Street Number: _____ Street Name/P.O. Box: _____

City: _____ State: _____ Zip Code: _____ - _____

B. OWNERS' NAMES and HOME ADDRESSES – In the appropriate section below, enter requested information for owners of sole proprietorships, partnerships, or officers of a corporation. **WRITE NAME EXACTLY AS SHOWN ON OWNERS'S SOCIAL SECURITY CARD. WRITE THE NAMES OF THE OWNERS/OFFICERS IN THE ORDER OF PRIORITY IN WHICH YOU WANT THEM TO RECEIVE MAIL/CORRESPONDENCE FROM WIC.**

SOLE PROPRIETORSHIP OR PARTNERSHIP If there are more than three owners, attach additional sheets providing the same information as requested below.

1. First Name: _____ Last Name: _____
Title: _____ Date of Birth: _____
Home Address and Telephone Number: Telephone: (_____) _____
Street Number: _____ Street Name/P.O. Box: _____
City: _____ State: _____ Zip Code: _____ - _____

2. First Name: _____ Last Name: _____
Title: _____ Date of Birth: _____
Home Address and Telephone Number: Telephone: (_____) _____
Street Number: _____ Street Name/P.O. Box: _____
City: _____ State: _____ Zip Code: _____ - _____

3. First Name: _____ Last Name: _____
Title: _____ Date of Birth: _____
Home Address and Telephone Number: Telephone: (_____) _____
Street Number: _____ Street Name/P.O. Box: _____
City: _____ State: _____ Zip Code: _____ - _____

CORPORATION (Attach certificate of incorporation and list all corporate officers below.)

1. Name of Corporation: _____

Chief Executive Officer: _____

Address – Principal Executive Office

Street Number: _____ Street Name/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone No. (_____) _____ Fax No. (_____) _____

E-Mail Address: _____

2. Corporate Officers

President

Name: _____ Date of Birth: _____

Home Address Number and Street: _____

City: _____ State: _____ Zip Code: _____

Phone No. (_____) - _____ Fax No. (_____) - _____

E-Mail Address: _____

Vice President (If there is more than one vice president, attach a sheet with the same information requested for each VP.)

Name: _____ Date of Birth: _____

Home Address Number and Street: _____

City: _____ State: _____ Zip Code: _____

Phone No. (_____) - _____ Fax No. (_____) - _____

E-Mail Address: _____

Secretary

Name: _____ Date of Birth: _____

Home Address Number and Street: _____

City: _____ State: _____ Zip Code: _____

Phone No. (_____) - _____ Fax No. (_____) - _____

E-Mail Address: _____

Treasurer

Name: _____ Date of Birth _____

Home Address Number and Street: _____

City: _____ State: _____ Zip Code: _____

Phone No. (_____-) _____ Fax No. (_____-) _____

E-Mail Address: _____

3. Corporate Authorized Representative – Person legally authorized to sign for corporation

Name: _____ Date of Birth: _____

Title: _____

Business Address Number and Street: _____

City: _____ State: _____ Zip Code: _____

Phone No. (_____-) _____ Fax No. (_____-) _____

E-Mail Address: _____

C. BUSINESS INTEGRITY

During the last six (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?

Yes 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 or corporation. Attach a copy of the certificate of criminal conviction or civil judgment.

In order to properly identify vendors, the New York State 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?

- Buy. Answer questions 1 through 13 below. Attach a signed and dated copy of the bill of sale for the store.
- Start. Answer questions 1 through 5 below. Attach a statement declaring that this is a new business.

1. Have you previously, or do you presently own, manage, or have a financial interest in any other store(s) or pharmacy(ies)? Financial interest means an investment in the business or receipt of income from the business.

- Yes. 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 three 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.

| VENDOR NO. | RELATIONSHIP | DATE | STORE NAME & ADDRESS |
|-----------------|--|-------------|----------------------|
| a. _____ | Owned <input type="checkbox"/> | from: _____ | |
| | Managed <input type="checkbox"/> | to: _____ | |
| | Financial Interest <input type="checkbox"/> (describe) _____ | | |
| b. _____ | Owned <input type="checkbox"/> | from: _____ | |
| | Managed <input type="checkbox"/> | to: _____ | |
| | Financial Interest <input type="checkbox"/> (describe) _____ | | |
| c. _____ | Owned <input type="checkbox"/> | from: _____ | |
| | Managed <input type="checkbox"/> | to: _____ | |
| | Financial Interest <input type="checkbox"/> (describe) _____ | | |

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?

- Yes. No.

If yes, indicate which store(s)/owner(s) _____

If yes, please check all box(es) that apply: _____

- WIC
- Fined
- Disqualified
- Non-Renewed
- Terminated
- Denied Participation
- Food Stamps
- Fined
- Disqualified
- Denied Participation
- Terminated
- Suspended

2. Do you own the building in which the business is located?

Yes. Provide a deed or copy of the contract of sale for the building.

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?

Yes. Describe: _____

No. Date the previous owner of the building ceased all involvement with operation of the store: _____

4. Do you presently employ or contract in any capacity with any previous owner(s) of this building?

Yes. List names and indicate whether each individual is an employee or contractor.

No.

5. When did (or will) the applicant store open for business under current ownership? _____

Applicants who started the applicant business may skip the following questions 6 through 13 and proceed to Part IV of the application. **Applicants who purchased the applicant business must complete questions 6 through 13 below.**

6. What was the date of closing of the sale of the business? _____

7. What was the trade name of the store you purchased? _____

8. Was the store an authorized WIC vendor prior to your buying it?

Yes. Indicate WIC Vendor Number if Known: _____

No.

Unknown.

9. From whom did you buy this business? (Complete one.)

a. Name of person: _____

b. Name of partnership: _____

c. Name of corporation: _____

10. Are you related by blood, marriage or adoption to any of the former owner(s), partner(s), or corporate officer(s) of the store?

Yes. Indicate name and relationship: _____
Name Relationship

No.

11. Were you an owner, partner, corporate officer or employee of the business you purchased?

Yes. If yes, please specify: Owner Partner Corporate Officer Employee

No.

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.)

Yes. Complete table below. If more than five individuals, attach additional sheets indicating the information requested in the table.

| Name of Individual | Current Role in Applicant Business | Role in Business Under Previous Ownership |
|--------------------|------------------------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

No. Date the previous owner of the business ceased all involvement with operation of the store: _____

13. If this store was previously owned and operated under another name(s), please list the former store trade name(s) and former owner(s).

| Former Store Name(s) | Former Owner(s) |
|----------------------|-----------------|
| | |
| | |
| | |
| | |
| | |

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 two 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 Dept. to operate in this state.
- COMMISSARY Department of Defense facility only.
- OTHER E.g., a cooperative. Please describe: _____
-
-

2. Hours of Business

Open 24 hours, 7 days a week Yes No

If no, list hours your store is open for business:

| | Opens | Closes |
|------------|-------|--------|
| Sunday: | _____ | _____ |
| Monday: | _____ | _____ |
| Tuesday: | _____ | _____ |
| Wednesday: | _____ | _____ |
| Thursday: | _____ | _____ |
| Friday: | _____ | _____ |
| Saturday: | _____ | _____ |

PART V – STORE CHARACTERISTICS

1. Number of Employees: _____
2. Square footage of store: _____
3. Number of operating cash registers: _____
4. Is there video surveillance of cash registers?: Yes No
5. Number of operating scanners: _____

6 Number of operating scanners that can identify WIC authorized foods versus non-WIC foods: _____

7. Does your store have any rolling (mobile) store locations or delivery routes? Yes No

If yes, please describe: _____

8. Gross Annual Sales Amounts

Existing Stores:

Provide gross annual TOTAL sales for the last 12 months: _____

Provide gross annual FOOD sales for the last 12 months: _____

New Stores:

Provide a projected amount of gross annual TOTAL sales for 12 months: _____

Provide a projected amount of gross annual FOOD sales for 12 months: _____

Is more than 50% of your gross annual FOOD sales for the next 12 months expected to come from WIC checks?

Yes No

9. Sole bank account number for deposit of WIC checks: _____
(Attach Bank Designation Form)

10. Bank Information

Bank name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. (_____) - _____ Fax No. (_____) - _____

E-Mail Address: _____

11. Do you sell alcoholic beverages? Yes No If yes, indicate liquor license number: _____

12. Do you sell lottery tickets? Yes No

13. Who is your primary grocery wholesaler?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. (_____) - _____ Fax No. (_____) - _____

Who is your primary infant formula supplier? (Attach proof that you purchase/will purchase infant formula from this supplier - for example: a letter from the supplier, invoices for one month, etc.)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. (_____) - _____ Fax No. (_____) - _____

List any occasional infant formula suppliers:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. (_____) - _____ Fax No. (_____) - _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. (_____) - _____ Fax No. (_____) - _____

14. Do you primarily sell kosher foods? Yes No

15. Indicate the date of the most recent inspection of your store by the New York State Department of Agriculture and Markets. _____

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, New York State 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.

I understand that submitting this application does not constitute authorization to participate in the WIC Program or permit me to accept WIC checks or Special Formula Food Instruments and that there are fines and penalties for accepting and redeeming WIC checks or Special Formula Food Instruments without authorization to do so. I also understand that I may be liable to the State of New York for any and all WIC checks accepted or redeemed without authorization to do so. I understand that if I provide any false information, this may result in this application being treated as incomplete or denied or my disqualification from the WIC Program. Under the penalty of perjury, I affirm that each statement contained within this application is true.

By signing this application I agree to stock WIC acceptable foods in the varieties and quantities as identified by the New York State Department of Health in the attached Minimum Stock Requirements document as a condition of receiving authorization to participate in the New York State WIC Program. I understand that prior to authorization my store will be monitored for compliance with the stocking requirements. I acknowledge that my application will be denied if I fail to stock the required foods as specified in the Minimum Stock Requirements document.

I authorize my bank of deposit to release to the New York State Department of Health my bank signature card and application at any time without a subpoena. I authorize all persons, governmental or business entities, or any other entities, to release any and all information, both verbal and written, regarding myself or my business to the New York State Department of Health or its representative whenever they are requested to do so. I authorize the New York State Department of Health or its representative to release any and all information they obtain relative to my WIC Program application to any and all other governmental entities in accordance with 7 CFR 246.26(e). A photocopy of this authorization shall be considered as effective as the original.

Name (print): _____ Title: _____

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.

Signature: _____ Date: _____

Name of Application Preparer: _____
(if different from above)

Phone No. (_____) - _____ Fax No. (_____) - _____

E-Mail: _____

State of _____

County of _____ ss: _____

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 application is true.

NOTARY PUBLIC

Standards for participation in the WIC Program are the same for everyone. If you believe you have been discriminated against because of race, color, national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. 20250. If you feel you have been discriminated against based on marital status, religion or political belief, call the toll-free NYS Growing Up Healthy Hotline at 1-800-522-5006.

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.