



FOR VENDOR MANAGEMENT AGENCY USE ONLY

VMA #: _____ VENDOR #: _____ LOCATION #: _____

DATE RECEIVED: ____/____/____

DATE COMPLETE: ____/____/____

NEW YORK STATE WIC VENDOR QUESTIONNAIRE: PART I

PLEASE NOTE: THIS IS NOT A VENDOR APPLICATION

COMPLETE SECTION A THROUGH SECTION H

SUBMIT A COMPLETE ORIGINAL COPY OF THIS VENDOR QUESTIONNAIRE: PART I TO THE VENDOR MANAGEMENT AGENCY (VMA) IN YOUR AREA. ONCE YOU HAVE SUBMITTED PART I, THE VMA WILL CONTACT YOU WITH THE RESULTS OF THEIR REVIEW OR PROVIDE FURTHER INSTRUCTION

SECTION A: STORE/LOCATION

1. STORE NAME: _____

2. STORE LOCATION:

a. STREET ADDRESS: _____

b. CITY: _____

c. STATE: _____ ZIP: _____

3. PLEASE INDICATE WHICH TYPE OF STORE IS APPLYING:

GROCERY STORE ONLY

PHARMACY ONLY

GROCERY WITH A PHARMACY INSIDE

4. IS THE STORE A FRANCHISE? YES NO

a. FRANCHISING BUSINESS NAME: _____

SECTION B: STORE OWNERSHIP

1. PROVIDE THE OWNER(S) OR CORPORATE NAME: _____

2. PROVIDE OWNER(S)/CORPORATE FEDERAL EMPLOYMENT IDENTIFICATION NUMBER (FEIN):

____ - _____

(Write in the FEIN used to report business tax information to the IRS)

3. NUMBER OF STORES APPLYING FOR WIC AUTHORIZATION UNDER SAME FEIN: _____

4. NUMBER OF STORES CURRENTLY WIC AUTHORIZED UNDER SAME FEIN: _____

SECTION D: STORE INFORMATION

1. Does this store have SNAP Authorization or Pending SNAP Authorization?
(Required for Grocery and Grocery with Pharmacy Inside) YES NO
IF YES, SNAP ID: _____
2. Does this store have a Pharmacy License?
(Required for Grocery with Pharmacy Inside and Pharmacy Only) YES NO
3. Has this store applied for and/or received a Department of Agriculture and
Markets Inspection? YES NO
4. Is this store open 6 days a week, and 8 hours per day? YES NO

SECTION E: EMAIL COMMUNICATION

1. Does the store owner and/or store manager have access to a computer or
other electronic device capable of internet access to receive and send
emails? YES NO
2. Does the store owner and/or store manager maintain an active email
address? YES NO

SECTION F: BUSINESS STRUCTURE

CHECK THE OPTION THAT APPLIES:

SOLE PROPRIETORSHIP

A sole proprietorship is owned and run by one person. This person owns and is responsible for all business operations, debts, losses and liabilities.

PARTNERSHIP

A partnership is a single business where two or more people share ownership. Each partner contributes to all operations of the business, including money, property, labor or skill. In return, each partner shares in the profits and losses of the business.

LIMITED LIABILITY COMPANY

A limited liability company, or "LLC" is a business that provides the features of a corporation, with tax procedures and operations of a partnership.

The 'owners' of an LLC are referred to as 'members.' The members can consist of one owner; two or more owners, other corporations, or other LLCs.

PRIVATELY-HELD CORPORATION

A privately-held corporation (sometimes referred to as a 'C' corporation) is an independent business owned by shareholders. This means that the business itself, not the shareholders that own it, is held legally liable for the actions and debts the business incurs.

PUBLICLY-HELD CORPORATION

A publicly-held corporation is a business or company that has sold all or a portion of itself to the public via an initial public offering (IPO), meaning shareholders have claim to part of the company's assets and profits, i.e., shares of a public company are traded on a stock exchange.

GOVERNMENT OWNED AND OPERATED

Please check this option if your store is a Military Commissary operated by the United States Department of Defense.

SECTION G: CULTURAL STORE INFORMATION

1. Does this store serve clients who speak language(s) other than English?

If **YES**, PLEASE SPECIFY:

2. Do any of your store employees speak a language other than English?

If **YES**, PLEASE SPECIFY:

3. Does this store sell products that accommodate special religious or cultural dietary needs (e.g., Kosher, Halal)?

If **YES**, PLEASE EXPLAIN:

SECTION H: REQUIRED DOCUMENTS:

ATTACH REQUIRED DOCUMENTS LISTED BELOW AS THEY PERTAIN TO THE STORE. THE QUESTIONNAIRE CANNOT BE PROCESSED WITHOUT ALL REQUIRED DOCUMENTS

REQUIRED ATTACHMENTS	VMA USE ONLY
<p>BUSINESS DOCUMENTS</p> <p><input type="checkbox"/> Certificate of Incorporation</p> <p>-OR-</p> <p><input type="checkbox"/> Articles of Organization</p> <p>-OR-</p> <p><input type="checkbox"/> Business Certificate</p> <p>-OR-</p> <p><input type="checkbox"/> Partnership Certificate</p>	<p><input type="checkbox"/> Attached</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Missing</p> <p>Date received from vendor: _____/_____/_____</p>
<p>NYS SALES TAX AUTHORIZATION</p> <p><input type="checkbox"/> Copy of NYS Certificate of Authority (i.e., Sales Tax Certificate)</p> <p>Submit a copy of the Authorization to collect New York State Sales Tax (DTF 17A), from NYS Department of Taxation and Finance.</p> <ul style="list-style-type: none"> • Front side only • Validation stamp must be legible 	<p><input type="checkbox"/> Attached</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Missing</p> <p>Date received from vendor: _____/_____/_____</p>
<p>*If the store is a <u>GROCERY</u> or <u>GROCERY WITH PHARMACY INSIDE</u></p> <p>SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)</p> <p><input type="checkbox"/> Proof of SNAP Authorization (Permit or license) OR Application for SNAP Authorization</p>	<p><input type="checkbox"/> Attached</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Missing</p> <p>Date received from vendor: _____/_____/_____</p>
<p>*If the store is a <u>GROCERY WITH PHARMACY INSIDE</u> or <u>PHARMACY ONLY</u></p> <p>PHARMACY REGISTRATION</p> <p><input type="checkbox"/> Pharmacy Registration</p>	<p><input type="checkbox"/> Attached</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Missing</p> <p>Date received from vendor: _____/_____/_____</p>