

REQUEST FOR NYS WIC VENDOR APPLICATION

Mail, email, or fax completed Request for NYS WIC Vendor Application to the vendor management agency (VMA) that serves the county in which the applicant store is located. See reverse for VMA contact information.

Date of Request: _____

STORE ADDRESS

Trade Name of Store			
Street Address			
City	State	Zip	County

STORE CONTACT

Full Name of Contact Person	
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs.	Title/Position
Phone Number (Include extension, if applicable.)	
Email Address	

STORE OWNERSHIP

Name of Store Owner or Corporation	
Federal Employer Identification Number (FEIN) of Store Owner or Corporation	
Was the store purchased from another owner or corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, on what date was the store purchased? (MM/DD/YYYY)	

ADDITIONAL INFORMATION

The store is a: <input type="checkbox"/> Grocery Store Only <input type="checkbox"/> Pharmacy Only <input type="checkbox"/> Grocery with a Pharmacy Inside
How many hours per week is the store open for business?
What is the square footage of the store?
What was the store's annual food sales revenue during the most recent calendar year? (If the store has been open for less than one year, provide projected food sales revenue.)

Does the store serve clients who speak language(s) other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

Do any of your store employees speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list all languages spoken:	

Does the store sell products that meet special religious or cultural dietary needs (e.g., Kosher, Halal)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

FOR VMA USE ONLY

VCP: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Access Need: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Eligible (OAP) <input type="checkbox"/> Eligible (Exception) <input type="checkbox"/> Ineligible
Name of Reviewer		Date of Review

CONTACT INFORMATION FOR NYS WIC VENDOR MANAGEMENT AGENCIES

COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION, INC.

Contact: 2331 Fifth Avenue Troy, New York 12180 518-272-6012 (phone) 518-687-0524 (fax) wicvma@ceoempowers.org	Serves the following Eastern and Central New York counties: <i>Eastern:</i> Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington <i>Central:</i> Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Schuyler, Tioga, Tompkins
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MONTEFIORE NEW ROCHELLE HOSPITAL

Contact: 1600 East 233 rd Street Bronx, New York 10466 718-654-2690 (phone) 718-654-3127 (fax) ssmcvma802@gmail.com	Serves the following Downstate New York counties: Bronx, Putnam, Westchester
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PUBLIC HEALTH SOLUTIONS

Contact: 30-50A Whitestone Expressway Suite A103 Flushing, New York 11354 646-973-3942 (phone) 718-353-3895 (fax) vma@healthsolutions.org	Serves the following Downstate New York counties: Kings, Nassau, New York (Manhattan), Orange, Queens, Richmond, Rockland, Suffolk
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SOCIETY FOR THE PROTECTION AND CARE OF CHILDREN

Contact: 148 S. Fitzhugh Street Rochester, New York 14608 585-730-8282 (phone) 585-730-8286 (fax) WICVendors@spcc-roch.org	Serves the following Western New York counties: Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, Yates
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