

REQUEST FOR NYS WIC VENDOR APPLICATION

Email completed Request for NYS WIC Vendor Application to the vendor management agency (VMA), Public Health Solutions (PHS): vma@healthsolutions.org. PHS can be reached at (646) 973-3942 with any questions.

Date of Request: _____

STORE ADDRESS

Trade Name of Store			
Street Address			
City	State	Zip	County

STORE CONTACT

Full Name of Contact Person
Title/Position
Phone Number <i>(Include extension, if applicable.)</i>
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? <i>(MM/DD/YYYY)</i>

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? <i>(If the store has been open for less than one year, provide projected food sales revenue.)</i>

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	In OAP: <input type="checkbox"/> Y <input type="checkbox"/> N	PA: <input type="checkbox"/> Y <input type="checkbox"/> N	Other Exception: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	Eligible: <input type="checkbox"/> Y <input type="checkbox"/> N
Name of Reviewer			Date of Review	