North Carolina Department of Health and Human Services Division of Child and Family Well-Being Community Nutrition Services Section 1914 Mail Service Center 5601 Six Forks Road

Vendor Number:

Raleigh, NC 27699-1914 Fax: (919) 870-4895

## **Above-50-Percent Vendor Self-Declaration Form**

	ording projected above-50% vendor status by the State WIC Agency.	Be prepared to provide documentation of your
Store Name		
Mailing Address		
City/State/Zip		
Phone Number	()	
Name of Owner		
food sales.	at the annual WIC redemption for my stor	re will be more than 50% of my total annual re will <b>NOT</b> be more than 50% of my total
(Print Name o	f Owner, Officer, or Manager)	(Title if Officer)
(Signature of C	Owner, Officer, or Manager)	(Date)