

Local Agency Name: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

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

Please complete regarding projected above-50% vendor status. Be prepared to provide documentation of your status, if requested by the State WIC Agency.

Store Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Name of Owner \_\_\_\_\_

I project that the annual WIC redemption for my store will be more than 50% of my total annual food sales.

I project that the annual WIC redemption for my store will **NOT** be more than 50% of my total annual food sales.

\_\_\_\_\_  
*(Print Name of Owner, Officer, or Manager)*

\_\_\_\_\_  
*(Title, if Officer)*

\_\_\_\_\_  
*(Signature of Owner, Officer, or Manager)*

\_\_\_\_\_  
*(Date)*

**ANNUAL WIC REDEMPTION: STATE USE ONLY**

WIC redemption from October 1, \_\_\_\_\_ to September 30, \_\_\_\_\_ = \$ \_\_\_\_\_  
(Year) (Year)