

## N. C. WIC VENDOR APPLICATION

### INSTRUCTIONS:

1. This is an application to obtain authorization to become a vendor for the North Carolina Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
2. This application must be completed by either a store owner or officer.

1. Store Name: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_  
(**Not** the Corporation Name, if Incorporated)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Does the Store have internet access / capabilities?  Yes  No

4. Email Address: \_\_\_\_\_

5. SNAP Permit Number \_\_\_\_\_

6. Federal Tax ID Number \_\_\_\_\_

7. Store Classification (check one):

Retail Large Chain  Retail Independent  Convenience  Free-Standing Pharmacy  Commissary

8. Type of Ownership (check one):  Individual  Partnership  Limited Partnership  Corporation  LLC

Corporate/Company Name (if LLC, Inc., or LP): \_\_\_\_\_

Physical Address of Regional/Corporate Headquarters: \_\_\_\_\_

\_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

Mailing Address of Regional/Corporate Headquarters: (if different from the store mailing address) \_\_\_\_\_

\_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

9. Number of Stores owned by this ownership \_\_\_\_\_

Number of Other WIC authorized stores owned by this ownership \_\_\_\_\_

10. Store Operating Hours: (Circle AM or PM) (Type "C" to indicate Closed)

Monday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM

Friday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM

Tuesday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM

Saturday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM

Wednesday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM

Sunday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM

Thursday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM

11. Amount of Store's Annual SNAP Sales: \$ \_\_\_\_\_  Actual  Projected

12. Amount of Store's Annual Food Sales: \$ \_\_\_\_\_  Actual  Projected

13. Total Number of Registers in Store (Including U-Scans): \_\_\_\_\_

Number of Registers with Scanning Devices: \_\_\_\_ Number of Scanners That Identify WIC-Authorized Foods: \_\_\_\_

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

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

14. Is your store eWIC capable?  Yes  No; Point-of-sale system type:  Integrated  Stand-beside device  
If integrated, provide the name of your Third-party Processor \_\_\_\_\_  
Value-added Reseller (if applicable) \_\_\_\_\_
15. Name of Infant Formula Source(s): \_\_\_\_\_  
(Select your Infant Formula Source from the list)
16. Name of Supplier(s) for Other WIC Authorized Foods: \_\_\_\_\_
17. Do you expect that more than 50% of your annual food sales revenue will be from WIC sales?  Yes  No
18. Do you currently own a WIC-authorized store where WIC sales are above 50% of the total annual food sales?  
 Yes  No
19. Percentage (%) of total food sales expected to be: **(NO Decimals, Must equal 100%)**  
WIC \_\_\_\_\_ % SNAP \_\_\_\_\_ % Cash \_\_\_\_\_ % Credit/Debit \_\_\_\_\_ %
20. Is WIC authorization required for the store to open for business?  Yes  No
21. Do you have inventory invoices available for foods purchased and currently stocked in your store?  Yes  No
22. How many months of inventory invoices are available? \_\_\_\_\_
23. Do you currently have in stock the required minimum inventory?  Yes  No
24. Store sales include (check all that apply):  
 Gasoline  Special Formula  Household Products  Bread  Fresh Vegetables/Fruits  
 Canned Vegetables/Fruits  Beef  Poultry  Pork  Sandwich Meats  Tofu  Rice  Baby Foods
25. Store Manager Name: Mr., Mrs., Ms. \_\_\_\_\_  
(Select title) (First) (Full Middle Name) (Last)
26. Is the Store Manager the primary contact person for the store?  Yes  No  
If not, provide contact name and phone: \_\_\_\_\_
27. Has the manager ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony?  Yes  No If yes, explain and give dates: \_\_\_\_\_
28. How long has the store (under its current name or a former name) physically operated at the present site?  
\_\_\_\_\_ years \_\_\_\_\_ months If not applicable, provide opening date: \_\_\_\_\_

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

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

29. Has the store ever operated under another name and/or at a different location?  Yes  No  
If yes, former name(s) and/or location(s) of store: \_\_\_\_\_

30. Has the store (under its current name or a former name) ever been disqualified or assessed a monetary penalty by the WIC program?  Yes  No If yes, explain and give dates: \_\_\_\_\_

31. Does the owner(s) (includes corporate owners) have a financial interest in a store that is currently disqualified, was previously disqualified, or assessed a monetary penalty by the WIC program?  Yes  No  
If yes, explain and give dates: \_\_\_\_\_

32. Has the owner(s) (includes corporate owners) ever had a financial interest in a store that was disqualified or assessed a monetary penalty by the WIC program?  Yes  No  
If yes, explain and give dates: \_\_\_\_\_

33. Has the store (under its current name or a former name) ever been withdrawn, disqualified, or assessed a civil money penalty from the Supplemental Nutrition Assistance Program (SNAP)?  Yes  No  
If yes, explain and give dates: \_\_\_\_\_

34. Does the owner(s) (includes corporate owners) have a financial interest in a store that is currently, or has been previously, withdrawn, disqualified, or assessed a civil money penalty by the Supplemental Nutrition Assistance Program (SNAP)?  Yes  No  
If yes, explain and give dates: \_\_\_\_\_

35. Has the owner(s) (includes corporate owners) ever had a financial interest in a store that was withdrawn, disqualified, or assessed a civil money penalty by the Supplemental Nutrition Assistance Program (SNAP)?  
 Yes  No  
If yes, explain and give dates: \_\_\_\_\_

36. Have any of the vendor applicant's current owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity, including, but not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice?  Yes  No  
If yes, explain and give dates: \_\_\_\_\_

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

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

**OWNERSHIP DATA** (For stores under Corporate Agreement with State WIC Agency, skip this section):

Complete the following information for each owner and officer. Use Page 4a if you have more than two owners or officers.

Owner/Officer Name: Mr., Mrs., Ms. \_\_\_\_\_ Title (If Officer): \_\_\_\_\_  
(Select title) (First) (Full Middle) (Last)

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No.: ( ) \_\_\_\_\_ Percentage of Business/Shares Owned: \_\_\_\_\_ %

Has the owner lived in any other state(s) in the last five (5) years?  Yes  No If yes, please list state(s) lived in \_\_\_\_\_

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony?  Yes  No If yes, explain and give dates: \_\_\_\_\_

Is the owner(s) related to the store's previous owner(s) / officer(s) by blood or marriage?  Yes  No

If yes, list name & relationship: \_\_\_\_\_

Does the owner (including a corporate owner) own any other stores(s)?  Yes  No If yes, please list name, city & state, and WIC vendor number (if authorized by WIC): \_\_\_\_\_

Owner/Officer Name Mr., Mrs., Ms.: \_\_\_\_\_ Title (If Officer): \_\_\_\_\_  
(Select title) (First) (Full Middle) (Last)

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No.: ( ) \_\_\_\_\_ Percentage of Business/Shares Owned: \_\_\_\_\_ %

Has the owner lived in any other state(s) in the last five (5) years?  Yes  No If yes, please list state(s) lived in \_\_\_\_\_

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony?  Yes  No If yes, explain and give dates: \_\_\_\_\_

Is the owner(s) related to the store's previous owner(s) / officer(s) by blood or marriage?  Yes  No

If yes, list name & relationship: \_\_\_\_\_

Does the owner (including a corporate owner) own any other stores(s)?  Yes  No If yes, please list name, city & state, and WIC vendor number (if authorized by WIC): \_\_\_\_\_

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

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

To the best of my knowledge, all the above answers and the information contained on the accompanying WIC Price List (DHHS 2766 or 2766-P) are correct. The prices are the **actual, current, and highest shelf prices for WIC-approved foods currently stocked**. I understand that by signing below, I will be bound by WIC Program regulations and policies including, but not limited to:

1. Attending vendor training sessions;
2. Training employees and being responsible for their actions regarding WIC Program procedures;
3. Submitting accurate price lists of WIC approved foods to the WIC Program upon request;
4. Being monitored, investigated and/or audited periodically; and
5. Completing and complying with all items in the attached WIC Vendor Agreement.

I understand that this is an application to be a WIC vendor and does not constitute an approved agreement with the N.C. WIC Program. I understand that supplying false information could lead to denial or disqualification from the WIC Program.

Owner/Officer Name: \_\_\_\_\_ Title (If Officer): \_\_\_\_\_

Owner/Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Assurance of Civil Rights Compliance**

The vendor hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d *et seq.*); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 *et seq.*); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 *et seq.*); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 *et seq.*); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the vendor, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the vendor.

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**LOCAL WIC AGENCY USE ONLY - Application reviewed by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Local WIC Agency: \_\_\_\_\_ (no abbreviations)

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**STATE WIC AGENCY USE ONLY – Application reviewed by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_