

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.

LOCAL WIC AGENCY USE ONLY - Application reviewed by:

Name: _____ Title: _____ Date: _____

Local WIC Agency: _____ (no abbreviations)

STATE WIC AGENCY USE ONLY – Application reviewed by:

Name: _____ Title: _____ Date: _____