



VERMONT

DEPARTMENT OF HEALTH

WIC Program
 PO Box 70
 Burlington, VT 05402-0070

WIC VENDOR CORPORATE APPLICATION

Important: All items must be completed. If unable to complete any item, provide a written explanation in Part III. This application will be returned to you if incomplete, which will result in the delay of your application.

Instructions: (1) Complete form (Tab from field to field) (2) Click "SUBMIT" to return completed form.

We must also receive a signed copy. PRINT OUT, SIGN ON LAST PAGE AND SEND TO: Patrick Henry, WIC Program, PO BOX 70, Burlington, VT 05402-0070

PART I

How does this business operate? (Check only one box)

- Sole Owner (Complete **Section A**, then continue with Parts II, III and IV.)
- Partnership/LLC (Complete **Section B**, then continue with Parts II, III and IV.)
- Corporation or Coop (Complete **Section C**, then continue with Parts II, III and IV.)

SECTION A – SOLE OWNER		
Trade Name of Business	Name of Owner	
Street Address of Business	Home Address of Owner	
Mailing Address for Store (if different)	City, State, Zip Code	
City, State, Zip Code	Social Security No	Federal ID Number
Telephone Number	Telephone Number	
Name of Person Responsible for WIC Matters	Fax Number	E-Mail Address
Name of Person Responsible for EBT Matters (or "same")	Fax Number	E-Mail Address
Name of Person Responsible for Training Matters (or "same")	Fax Number	E-Mail Address
SECTION B – PARTNERSHIP OR LIMITED LIABILITY COMPANY		
Trade Name of Business	Federal ID Number	
Street Address	Telephone Number	

City, State, Zip Code		
Name of Person Responsible for WIC Matters	Fax Number	E-Mail Address
Name of Person Responsible for EBT Matters (or "same")	Fax Number	E-Mail Address
Name of Person Responsible for Training Matters (or "same")	Fax Number	E-Mail Address
Name of Agent Authorized to Sign WIC Vendor Agreement	Title	

NAME(S) OF PARTNERS

1	Name	Social Security Number
	Street Address	Telephone Number
	City, State, Zip Code	

2	Name	Social Security Number
	Street Address	Telephone Number
	City, State, Zip Code	

3	Name	Social Security Number
	Street Address	Telephone Number
	City, State, Zip Code	

SECTION C – CORPORATION OR COOP

Name of Corporation/COOP		Telephone Number
Corporate Street Address		Federal ID Number
City, State, Zip Code		
Name of Person Responsible for WIC Matters	Fax Number	E-Mail Address
Name of Person Responsible for EBT Matters	Fax Number	E-Mail Address
Name of Person Responsible for Training Matters	Fax Number	E-Mail Address

Name of Agent Authorized to Sign WIC Vendor Agreement	Title
Name of Corporation/COOP CEO/President	Telephone Number
Street Address	
City, State, Zip Code	

PART II – TO BE COMPLETED BY ALL APPLICANTS

1. Type of Store (*Check all that apply*):
 - Chain (One of a group of three or more stores owned by a single entity: individual, partnership or corporation)
 - Franchise (Owned by an individual, partnership or corporation, but receives stock as part of a group of stores)
 - Independent (Up to two stores which are owned by an individual, partnership or corporation and does not have the buying power of a group)
 - Cooperative
2. For how many store locations is applicant requesting VT WIC Authorization?
YOU WILL NEED TO COMPLETE A SEPARATE "STORE APPLICATION FORM" FOR EACH LOCATION.
3. Does any owner, officer or store manager have any relationship with individuals employed by USDA, or the Vermont WIC Program?
 - Yes No
 - a. If Yes, give details:
4. Does owner/corporation provide WIC training to store managers? Yes No
5. Does owner/corporation provide WIC training to store cashiers? Yes No
6. Indicate types of media that may be used for WIC training at store level: (check all that may apply):
 - Classroom VCR/Video Computer (DVD or online) Teleconference

PART III – EXPLANATIONS OF INCOMPLETE ITEMS IN PARTS I AND II

Item #1: Part Question Page

Explanation:

Item #2: Part Question Page

Explanation:

Item #3: Part Question Page

Explanation:

Item #4: Part Question Page

Explanation:

PART IV – CERTIFICATION BY APPLICANT

CERTIFICATION

To the best of my knowledge, all of the above information is true. I understand that any false statements made herein may result in the denial or withdrawal of my approval to participate in the WIC Program.

I assert that the store(s) for which I am applying for authorization is/are full service retail grocery store(s), in a fixed and permanent location, open and conducting business at least 8 hours a day, 6 days a week, has/have been authorized to accept and is/are accepting Vermont Express EBT cards and also accepts cash sales.

I have received, reviewed and understand the VT WIC Program Vendor Manual and Vendor Agreement. I understand that if my application is approved for a WIC Vendor Agreement, the business will be bound by WIC Program regulations and policies including, but not limited to:

1. attending vendor training;
2. training my employees in WIC procedures;
3. periodically being monitored;
4. redeeming WIC EBT benefits properly;
6. stocking minimum WIC-eligible fruits and vegetables on shelves at all times;
7. posting prices of WIC authorized foods;
8. the agreement is null and void if ownership changes; and
9. the agreement may not be transferred or assigned by vendor to any other person or entity.

I understand that this is only a request for a WIC vendor agreement and does not constitute a vendor agreement. I understand that the WIC Program will consider the enclosed Selection Criteria when evaluating my application. I understand that if I am selected for Program participation, the Vermont WIC Program does not guarantee a specific amount of WIC business.

I understand that the WIC Program provides only specific authorized food items for the purpose of improving the nutritional status and health of WIC participants. In order to be considered for authorization as a WIC vendor, I further understand the following:

1. My application to WIC must document that as a normal business activity my store stocks and shelves on a normal daily basis the minimum stock of WIC authorized food items. The minimum stock items are in my store at this time.
2. A state WIC representative will visit my store during the application review period. The representative will verify that the minimum stock is available in the store and that other criteria are met.

I assert that I am either the sole owner of the business, or that I am an authorized Agent acting on behalf of a corporate entity, and that I have the authority to enter into agreements.

Name of Owner or Authorized Agent (Print)	Title
Signature	Date

Instructions: When you have completed this form, click "SUBMIT" at upper right of screen to return completed form. You must complete a "STORE APPLICATION FORM" for each store location to be authorized.

We must also receive a signed copy. PRINT OUT, SIGN ON LAST PAGE AND SEND TO: Patrick Henry, WIC Program, PO BOX 70, Burlington, VT 05402-0070