

Mississippi State Department of Health Form Instructions

WIC VENDOR APPLICATION

FORM NUMBER F-1113
REVISION DATE July 20, 2022
RETENTION PERIOD Three (3) years

PURPOSE

The WIC Vendor Application is used to by retail grocers and pharmacists to submit information to the MSDH WIC Program when applying to become an authorized vendor, re-authorizing as a WIC authorized vendor, or adding a location to an existing WIC authorization.

INSTRUCTIONS

The form should be completed by the store owner or an individual authorized to make decisions on behalf of the new owner.

Fill out each section of the form as it applies to the store(s) for which you are completing the application. If a question does not apply, then N/A will indicate that the question was not skipped in error.

All questions require a response unless the question or section is specifically marked otherwise.

OFFICE MECHANICS AND FILING

This form is completed via DocuSign and routed automatically on completion by the vendor to the MSDH WIC Program.