

Instructions for Vendor Application

Purpose: The vendor application is used for retail grocers to submit information to the MSDH WIC Program regarding applying to become an authorized vendor, re-authorizing as a WIC authorized vendor, or adding a location to an existing WIC authorization.

Instructions:

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

Select New Application, Re-Authorization, or Additional Store by placing an “X” in the box next to the option.

- “New Application” indicates a new vendor who has never been a WIC authorized vendor, or a previous vendor who is no longer an authorized vendor and is re-applying
- “Re-Authorization” indicates a current vendor is submitting an application to continue as a WIC authorized vendor
- “Additional Store” indicates a current WIC authorized vendor is adding one or more additional locations

BUSINESS INFORMATION

- 1) Enter business name as it appears on all official documents
- 2) Enter Federal ID number
- 3) Enter physical address, including city, county, state, and zip code
- 4) Enter telephone number
- 5) Enter fax number
- 6) Enter email address
- 7) Enter mailing address if it is different from the physical address provided.
- 8) Select only one box by placing an “X” in the box next to Corporation, Commissary, Limited Liability Corporation, Sole Proprietorship, or Partnership.
- 9) If the business has partners, please enter this information
- 10) If the business is incorporated, enter the date, city, and state of incorporation

CONTACT INFORMATION

- 1) Enter legal first and last name
- 2) Indicate percent ownership with a number from 0 to 100
- 3) Enter social security number
- 4) Enter date of birth
- 5) Enter physical address, including city, county, state, and zip code
- 6) Enter telephone number
- 7) Enter fax number

- 8) If an additional telephone number exists, enter it in “Other”
- 9) Enter cell phone number
- 10) Enter email address
- 11) Enter mailing address if it is different from the physical address provided.

SECONDARY CONTACT INFORMATION

If the business has more than one authorized representative, enter the second representative’s information in this section. If there is only one authorized representative, skip this section.

- 1) Enter legal first and last name
- 2) Indicate percent ownership with a number from 0 to 100
- 3) Enter social security number
- 4) Enter date of birth
- 5) Enter physical address, including city, county, state, and zip code
- 6) Enter telephone number
- 7) Enter fax number
- 8) If an additional telephone number exists, enter it in “Other”
- 9) Enter cell phone number
- 10) Enter email address
- 11) Enter mailing address if it is different from the physical address provided.

BANK INFORMATION

- 1) Enter bank’s name
- 2) Enter bank’s routing number
- 3) Enter bank’s account number
- 4) Enter the bank’s telephone number
- 5) Enter the bank’s email address (if applicable)

TRAINING INFORMATION

Provide information for the individual responsible for ensuring staff are properly trained regarding WIC policies and procedures.

- 1) Enter legal first and last name
- 2) Enter work address, including city, state, and zip code
- 3) Enter telephone number
- 4) Enter fax number
- 5) If an additional telephone number exists, enter it in “Other”
- 6) Enter cell phone number
- 7) Enter email address

BUSINESS MODEL TYPE

Review the categories and descriptions in the chart provided.

- 1) Select only one business model by placing an “X” in the box next to mass merchandiser, national grocery chain, regional grocery chain, local grocery chain, independent grocery, commissary, national drug chain, or region or local drug chain.

STORE INFORMATION

- 1) Enter actual annual food sales from the last complete calendar year
- 2) Enter actual annual food sales from SNAP from the last complete calendar year
- 3) Enter estimated annual food sales from WIC
- 4) Enter actual annual food sales from all other sources (excluding SNAP)
- 5) Enter square footage of the food area only. This excludes any other storage or retail space.
- 6) Enter the number of cash registers. This excludes self- checkouts and departmental checkouts.
- 7) Select yes, no, or pending by placing an “X” next to the option that describes if the store on this application is SNAP authorized
- 8) Enter SNAP number
- 9) Enter SNAP authorization date
- 10) Select yes or no by placing an “X” next to the correct option. Provide any additional information as requested for each question.
- 11) Select “This location is open 24 hours a day 7 days a week” or complete the chart.
 - a. For each day of the week the store is open, enter a time in the “Open” box and the “Close” box
- 12) Enter the name address, city, state zip code, phone number, and fax number for the infant formula wholesaler or supplier for this store.
- 13) Enter the name address, city, state zip code, phone number, and fax number for the primary grocery wholesaler for this store.
- 14) Enter the name address, city, state zip code, phone number, and fax number for the milk wholesaler for this store.
- 15) If this store plans to provide medical formula, enter the name address, city, state zip code, phone number, and fax number for the pharmacy wholesaler for this store.

PROCESS FOR FOOD SALES TRANSACTIONS

- 1) Select yes or no by placing an “X” in the box next to the correct option.
- 2) Select all the options that apply by placing an “X” next to Cash, EBT, Debit, Credit, and/or Checks.
- 3) Circle the picture that best describes the POS system this store uses.
- 4) If you selected an “integrated” POS system
 - a. Enter the name of the company your WIC integrated software came or will come from

- b. Enter the name of the entity that processes or will process WIC reimbursements

ATTACHMENTS

- 1) Business license
- 2) Proof of ownership
- 3) Form W-9
- 4) Food permit
- 5) Proof of SNAP authorization
- 6) Store brand declaration
- 7) WIC Price Survey

GENERAL INFORMATION

- 1) Sign and date
- 2) Print name legibly
- 3) Print the title of the individual completing the application

ADDITIONAL STORE ATTACHMENT

Please complete the additional store attachment for each additional store to be added to the application.

FOR AGENCY USE ONLY

This portion is to be completed only by the MSDH WIC Program.

- 1) Enter the newly created Vendor ID
- 2) Enter the peer group assignment
- 3) Enter the contract start date
- 4) Enter the contract end date

Office Mechanics and Filing:

The applications will be filed at the WIC Central Office.

Retention Period:

The submitted applications will be kept on file for a period no less than 3 years.