



WIC VENDOR AUTHORIZATION APPLICATION

Complete all sections of the application. Incomplete applications will not be processed. The owner or manager must complete this form and are responsible for the submitted information. Completion of this application does NOT constitute approval to redeem WIC vouchers at your store.



If you have any questions, please call the Vendor Management Unit at (304) 558-1115.
Website: <http://ons.wvdhhr.org> Email: dhhrrwicvu@wv.gov

Return Completed Application to:

**WVDHHR WIC PROGRAM
VENDOR MANAGEMENT UNIT
350 CAPITOL STREET
ROOM 519
CHARLESTON, WV 25301**

WEST VIRGINIA WIC PROGRAM
Supplemental Food Program for Women, Infants and Children
Vendor Authorization Application

PLEASE PRINT OR TYPE

A. Store Location Information		
1. Store Name (DBA)		
2. Mailing Address		
3. City	State	Zip
4. Street Address (If Different) (No P.O. boxes)		
5. City	State	Zip
6. County	7. Telephone ()	8. Fax ()
9. Contact person e-mail address:		
10. Does your store have internet access? Yes _____ No _____		
11. Manager Name (s)		
12. Directions to store from Charleston (Please provide specifics-attach extra sheet if necessary):		
B. Tax Information		
1. How is the business registered with the WV State Tax Department? (Circle One)		
Corporation	Partnership	Sole Proprietorship
2. Name of the business as registered with the WV Tax Department:		
3. Is the store up to date with payments to Workers' Compensation and the Bureau for Unemployment Compensation Programs? Y_____ N_____ If no, attach copy of repayment agreement.		
C. Licensing (Licenses must be posted during site evaluation)		
1. West Virginia Tax Number (Business Registration): _____ Expiration Date _____		
2. Food Stamp Authorization Number: _____ Issuance Date _____		
3. Sanitation Permit Number (Health Permit): _____ Expiration Date _____		
D. Store Operations		
1. Total number of cash registers located in store: _____ Do the registers have scanners? : Y_____ N_____		
Do the scanners identify WIC Foods: Y_____ N_____		
2. Is a pharmacy located in the store? Y___N___ 3. Square footage of store: _____		
4. Hours of Operation: Monday _____ Tuesday _____ Wednesday _____ Thursday _____		
Friday _____ Saturday _____ Sunday _____		
5. Gross Food Stamp Sales Last Year \$		
7. Gross Food Sales Last Year (Amount listed for previous year's tax) \$		
8. Gross WIC Sales Last Year \$		
9. Is it expected that more than 50% of your annual revenue from the sale of food items will be derived from the redemption of WIC vouchers? Y N		

E. Wholesalers/Suppliers - List Primary Supplier First, then Other Suppliers, then Dairy

Business Name and Contact Person	Address, City, State	Telephone
1.Primary		()
2.Primary		()
3.Secondary		()
4.Secondary		()
5.Dairy		()
6.Formula		()

F. Ownership Information

1. List All Current Owners. If Corporate, List Headquarters.

Name	Full Address	Phone
		()
		()
		()

(Attach Additional Sheets if Necessary)

2. When did the store open for business under the above ownership at this location? / /

G. 1. HISTORY - List any current owner(s) that has ever been fined or disqualified by WIC or the Food Stamp Program or who are currently undergoing an appeal process involving potential disqualification and or fines by either WIC or Food Stamps)

Name (or if none, write "none")	Store Name	Type of Action and Date

2. During the past six years, has any current owner, officer, or manager at your store been convicted of or had a civil judgement for any of the following activities: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice? (circle one) Y N If yes, please specify the name of the owner, officer, or manager and the activities involved.

Name	Title	Type of Action and Date

H. EMPLOYEE AUTHORIZATION - List who, in the store, (By Name and Title) is authorized by the owners to sign documents, agreements, and otherwise act in an official capacity with the WIC Program.

1.	4.
2.	5.
3.	6.

I. VENDOR AUTHORIZATION IN OTHER STATES – If your store is authorized by another state (other than WV) to participate as a WIC vendor, please complete this section.

The state (other than WV) from which you accept WIC drafts/vouchers/coupons.

1. Gross food stamp sales in last year for that state	\$
2. Gross food sales in last year (amount listed for previous year's tax) for that state	\$
3. Gross WIC sales in last year for that state	\$

PLEASE READ BEFORE SIGNING

The owner(s) and management of _____ understand that:
(Enter Store Name)

1. Completion of this application form does NOT constitute approval to accept WV WIC drafts.
2. Store personnel must attend training as mandated by the State WIC Agency and federal regulations.
3. Only those foods that are designated as WV WIC Approved Foods may be sold to WV WIC participants, in no more than the quantity and variety specified on each draft, and that prices charged for these foods may not exceed the price charged to other customers.
4. The store must maintain WV WIC approved foods in the quantities and varieties as specified on the Minimum Stock Grid. Also, that the stock which is in the store on the date of the store site evaluation will be the only stock which is counted towards the minimum stock requirements to obtain vendor authorization.
5. The prices charged by the store for WV WIC purchases must be at or below the designated ceiling price for that food package, that the prices that appear on WV WIC items on the date of the site evaluation will be those prices which are used to determine store prices, and that temporary sale prices may not be used for this pricing determination.
6. Authorized WV WIC personnel must be given access to all areas of the store, and to WIC related food receipts and records.
7. New applicant vendors who expect to derive more than 50 percent of their annual revenue from the sale of food items for WIC food drafts will not be authorized as a WIC vendor.
8. WIC approved infant formula must be purchased from a manufacturer, wholesaler, distributor or retailer on the approved list provided by the WV WIC Program to ensure product integrity. The vendor must notify the State WIC Program within 30 days if the primary source of their WIC Approved formula has changed from what was reported at the time of application. The vendor must maintain inventory records for WIC approved formula purchases for two years and make the records available to the WV WIC Program within 30 days of the request.

Certification and signature of owner (or person having the authority to apply on behalf of the store).

1. I have authority to enter into agreements, sign official documents, and otherwise act in an official capacity for this store.
2. I understand that I (or another authorized employee as listed) agree to attend a training session regarding WIC Regulations, both State and Federal, (should the store qualify for WV WIC authorization) and to subsequently train store employees on these WIC Regulations.
3. I accept responsibility on behalf of this store for WIC regulation violations committed by the store's owners, officers, managers, employees, agents, representatives, including new employees, part-time employees, and unpaid employees, and understand that any sanctionable action committed by any of these individuals will be assessed against the store.
4. I understand that the WV WIC Program may not authorize a vendor applicant that is currently disqualified from the Food Stamp Program or that has been assessed a civil money penalty for hardship and the disqualification period that would otherwise had been imposed has not expired. I understand that disqualification from the Food Stamp Program will result in disqualification, and termination of vendor agreement, from the WV WIC Program and that this disqualification is not subject to administrative or judicial review under the WV WIC Program. Further, I understand that disqualification from the WV WIC Program may result in disqualification from the Food Stamp Program and that this disqualification is not subject to administrative or judicial review under the Food Stamp Program.

5. I understand that as provided in WV Code §21A-2-6(18) the WV WIC Program may not enter into a vendor agreement if the vendor is in default with the State's Worker's Compensation and/or the Unemployment Compensation benefits. By signing this application, I, the undersigned confirm that this business entity is in compliance with the laws governing the above stated programs.
6. I understand that the WV WIC Program will immediately terminate the vendor agreement if it determines that the vendor has provided false information in connection with its application for authorization.
7. I certify that the information submitted on this application is true and complete to the best of my knowledge.
8. I understand that my store's name will be posted in a county listing of authorized WIC vendors on the WIC Program's website (ons.wvdhhr.org), unless I provide a written request to the WIC Program stating that I do not wish for my store to be included in the list.

Signed	Date
Print Name	Title

To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call, toll free, (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.