



KENTUCKY WIC PROGRAM VENDOR APPLICATION

Please Print unless otherwise indicated.

ALL QUESTIONS ON THE APPLICATION MUST BE PROPERLY AND FULLY COMPLETED. PLEASE REVIEW THE WIC INFORMATION MANUAL FOR VENDOR APPLICANTS FOR INSTRUCTIONS ON COMPLETING THIS FORM.

1. **STORE NAME:** _____

2. **STORE ADDRESS:** _____

PHYSICAL LOCATION – DO NOT SHOW POST OFFICE BOX NUMBER.

Street Address/Rural Route Number: _____

City _____

County _____ State _____ Zip _____

Store Telephone Number: () _____ Fax () _____

E-mail Address: _____

MAILING ADDRESS – DO NOT COMPLETE IF MAIL CAN BE DELIVERED TO THE STORE'S PHYSICAL LOCATION.

Office/Apartment Number Street Number Street Name/P.O. Box

City State Zip

6. **TYPE OF STORE (Check One):** Grocery Convenience Other Specify _____

7. **TYPE OF OWNERSHIP (Check One):** Single Owner Partnership Corporation

8. **OWNERSHIP INFORMATION:**

A. **CORPORATION NAME AND ADDRESS (For any business that is incorporated):**

CONTACT PERSON: _____, _____ TITLE: _____

Last Name First Name

BUSINESS NAME: _____

STREET #/ NAME: _____

P.O. BOX: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: () _____ E-Mail address _____



Privacy Act Statement: The collection of the Social Security Number (SSN) is authorized by Section 2018 of Title 7, US Code and will be used to determine whether a store qualifies to participate in the WIC Program, to monitor compliance with Program regulations; and for Program management. The provision of the SSN's will be available only to officers and employees whose duties or responsibilities require access for the administration or enforcement of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) and the Food Stamp Act.

B. OWNER(S) NAME(S), SOCIAL SECURITY NUMBER(S) AND TELEPHONE NUMBER(S):

(List all owners)

Name _____, _____ SSN _____ Home Phone _____
Last Name First Name

Name _____, _____ SSN _____ Home Phone _____
Last Name First Name

Name _____, _____ SSN _____ Home Phone _____
Last Name First Name

Name _____, _____ SSN _____ Home Phone _____
Last Name First Name

9. **MANAGER (if different from Owner):** _____, _____
Last Name First Name Social Security Number

10. When did (or will) the store open for business under the applying ownership?
Month Day Year

11. How long has this store been in business? _____
 Was this store previously operated under another name or owner? Yes No
 If yes, indicate store name and owner of store:

Name of Store _____ Owner _____
 Was the store ever on the WIC Program? Yes No

12. Are you (Applicant) related to the previous owner? Yes No If yes, what is the relationship: _____

13. Have you (Applicant) ever previously applied to participate in the WIC Program and had your application rejected? Yes No
 If yes, list date rejected: _____

14. Have you (Applicant) ever previously participated in the WIC Program? Yes No
 If yes, please answer the following:
 Date: _____ Previous WIC Number: _____ Name of Store: _____

15. Including this store, have you (Applicant), the corporation or the manager ever owned, managed or been an employee of a firm which

received a warning, was disqualified or terminated from the WIC Program? Yes No If yes, please answer the following:

Date: _____ Name of owner or corporation: _____

Store Name: _____ Address: _____

Reason: _____

16. Do you (Applicant) own or manage any other grocery or drug stores (in any state) that are currently contracted with WIC? Yes No
If yes, list the name and address of the store(s). Attach a list, if necessary.

Name of Store _____ Address: _____

17. Is this store authorized to accept Food Stamps? Yes No If yes, Food Stamp Authorization Number: _____

a. If no, has Food Stamp Authorization Application been submitted? Yes No

b. Has the Food Stamp Authorization Application been rejected? Yes No If yes, when: _____

18. Including this store, has the Applicant (Owner, the corporation or manager) ever owned or managed a firm which violated the Food Stamp regulations, received a warning letter or was withdrawn, disqualified, assessed a civil money penalty or fined? Yes No
If yes, please complete the following.

Date: _____ Reason: _____

Name of Store: _____ Person(s)/Corporation: _____

Address: _____

19. Has the Applicant (Owner, corporation or manager) ever had a license denied, withdrawn, suspended or been fined for license violations (i.e., business or health licenses)? Yes No If yes, Complete the following:

Type of License: _____ Reason: _____ Date: _____

20. BUSINESS ETHICS: Are any of the following now charged with or have they ever been convicted of or had a civil judgment for fraud; antitrust violation; embezzlement, theft or forgery; bribery; falsification or destruction of records; making false statements or claims; receiving stolen property; or obstruction of justice: 1) any partner, 2) owner, 3) any officer, 4) the corporate entity, 5) the manager, or 6) any stockholder who has a substantial role in the operation of the store? If yes, attach a written explanation, giving the name of the person(s) charged or convicted and their relationship to the owner, partner or corporate entity, and their current or past position, if any, in the store or corporation; the court and court docket number, the crime(s) and date(s) committed; the penalty and time served, and any other relevant information. Yes No

21. Is there a valid Retail-Food Establishment or Retail Food Store Number in the Owner's name? Yes No

Retail-Food Establishment Number: _____

22. Do you (Applicant) expect to derive more than fifty percent (50%) of your yearly food sales from the sale of food items on WIC food instruments? Yes No

A vendor who derives more than 50% of their annual food sales revenue from the sale of food items on WIC food instruments is not eligible.

23. List the wholesaler/retailer(s) that you expect to use for the purchase of WIC food items:

24. Is there a pharmacy located within the confines of the store? Yes No
25. Indicate the number of cash registers: _____ Do any of these cash registers have optical scanners? Yes No
 If yes, do optical scanners identify WIC approved foods? Yes No

26. Is this store open year-round? Yes No If no, check the months when the store is OPEN:

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

27. Hours of Business:

Monday	_____ A.M.	to	_____ P.M.
Tuesday	_____ A.M.	to	_____ P.M.
Wednesday	_____ A.M.	to	_____ P.M.
Thursday	_____ A.M.	to	_____ P.M.
Friday	_____ A.M.	to	_____ P.M.
Saturday	_____ A.M.	to	_____ P.M.
Sunday	_____ A.M.	to	_____ P.M.

28. List the bank(s) of deposit that will be used for WIC food instruments and the complete address of the bank(s):

Bank _____

Branch Name _____

Street _____

City _____ State _____ Zip _____

29. Provide directions to the store from the Health Department in the county where the store is located.
 (Provide highway numbers rather than stating 'Route 1, etc.')

30. Is the store name visible on the outside of the store? Yes No Indicate name on sign or store front if different than name on the front of this application:

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION SUPPLIED BY ME ON THIS APPLICATION AND THE ATTACHED PRICE LIST IS CORRECT. IF IT IS DETERMINED THAT THE INFORMATION SUPPLIED IS NOT CORRECT OR THAT, IN REVIEW OF THE INFORMATION SUPPLIED, THE STATE AGENCY FINDS THAT MY STORE DOES NOT MEET THE CRITERIA TO BE A WIC VENDOR, MY STORE WILL NOT BE APPROVED FOR A CONTRACT. I UNDERSTAND THAT, SHOULD MY STORE BE ACCEPTED FOR A WIC CONTRACT, I WILL BE BOUND BY WIC PROGRAM REGULATIONS AND POLICIES. PRIOR TO THE CONSIDERATION OF THIS APPLICATION, I UNDERSTAND THAT I WILL HAVE TO SUPPLY INFORMATION ON GROSS AND FOOD SALES TO THE STATE AGENCY PRIOR TO AUTHORIZATION AND I MAY BE ASKED FOR FURTHER SALES INFORMATION SUBSEQUENT TO AUTHORIZATION TO ENSURE MY WIC SALES DO NOT EQUAL MORE THAN 50% OF MY YEARLY FOOD SALES. I UNDERSTAND THAT THIS IS ONLY A REQUEST FOR AUTHORIZATION AND DOES NOT CONSTITUTE A CONTRACT AND I WILL NOT ACCEPT WIC FOOD INSTRUMENTS UNTIL I HAVE RECEIVED AN APPROVED WIC PROGRAM AGREEMENT AND AN AUTHORIZED WIC VENDOR STAMP. THIS APPLICATION WILL BE A PERMANENT PART OF MY FILE.

 AUTHORIZED SIGNATURE (OWNER OR
 CORPORATE OFFICER ONLY
LOCAL AGENCY USE ONLY

 TITLE

 DATE

1. **Complete the following by** (a) checking **yes** if the store meets **both** the “inventory specifications” and “total quantity required in stock” or **no** if the vendor does not meet the criteria; and (b) checking **yes** if the store has the prices for food items displayed on the shelf, food item or display case or **no** if the prices are not clearly displayed. **The following information must be obtained during an on-site visit. The on-site visit cannot be performed until the applying owner has actually taken possession of the store and the property transfer has been completed.**

FOOD ITEM	INVENTORY SPECIFICATIONS	TOTAL QUANTITY REQUIRED IN STOCK	INVENTORY IN STOCK	COMMENTS	PRICES MARKED
MILK	2 TYPES REQUIRED MUST HAVE WHOLE MILK AND ONE OF EITHER REDUCED FAT, SKIM OR LOW FAT MILK IN GALLON CONTAINERS-MUST BE ABLE TO SUPPLY ½ GALLONS AND QUARTS UPON REQUEST	4 GALLONS WHOLE AND 10 GALLONS LOWFAT	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
CHEESE	1 TYPE REQUIRED MUST BE AVAILABLE IN 8 OUNCE 16 OUNCE PACKAGES, NO DELI CHEESE OF ANY TYPE	4 POUNDS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
EGGS	GRADE A LARGE OR SMALLER	5 DOZEN	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
CEREAL	3 PRODUCTS 2 OF THE 3 PRODUCTS MUST BE WHOLE GRAIN	9 BOXES	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
JUICE	2 FLAVORS OF 64 OUNCE AND 46 OR 48 OUNCE REQUIRED, MUST BE 100% FRUIT OR VEGETABLE JUICE, SWEETENED	COMBINED QUANTITIES TO EQUAL 14 CONTAINERS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
BEANS OR PEAS	1 TYPE DRY BEANS OR PEAS 1 TYPE CANNED BEANS OR PEAS	4 POUNDS-IN ONE (1) POUND PACKAGES AND 16 - 16 OUNCE CANS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
FISH	1 TYPE REQUIRED	45 OUNCE	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
PEANUT BUTTER	1 TYPE REQUIRED	4 - 18 OUNCE CONTAINERS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
WHOLE WHEAT BREAD OR OTHER WHOLE GRAINS	1 TYPE REQUIRED BREAD, RICE OR TORTILLA	4-16 OUNCE PACKAGES OF BREAD OR TORTILLAS OR 14 OR 16 OUNCE PACKAGES OF RICE	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
FRESH FRUITS & VEGETABLES	2 TYPES FRESH FRUITS 2 TYPES FRESH VEGETABLES	10 POUNDS TOTAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
INFANT FORMULA	1 TYPE OF CONTRACT BRAND REQUIRED GERBER GOOD START GENTLE PLUS, GOOD START PROTECT PLUS, GOOD START SOY PLUS, GERBER GOOD START GENTLE PLUS 2, GOOD START PROTECT PLUS 2, GOOD START SOY PLUS 2	11 CANS TOTAL OF CONTRACT BRAND POWDERED FORMULAS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
INFANT CEREAL	1 TYPE REQUIRED 8 OUNCE BOXES	3 BOXES TOTAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
INFANT FRUITS & VEGETABLES	2 TYPES INFANT FRUITS 2 TYPES INFANT VEGETABLES JARS ONLY	32 - 4 OUNCE JARS	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Verify the Price List with the shelf or display case prices of WIC approved foods. Complete another Price List if corrections are necessary.

3. Are this store's displayed prices the same as the prices on the Price List? Yes No If no, explain: _____

4. Is this store primarily a retail grocery? Yes No If no, explain: _____

Indicate staple food items sold at this store: (Must stock at least two selections in each of the following four staple food groups)

Bread/Cereal

- Bread
- Cereal
- Pasta
- Rice
- Flour

Dairy Products

- Milk
- Cheese
- Butter
- Yogurt
- Other _____

Fruits/Vegetables

- Fresh Fruits/Vegetables
- Canned Fruits/Vegetables
- Frozen Fruits/Vegetables
- 100% Fruit/Vegetable Juices
- Other _____

Meat, Poultry, Fish

- Beef/Chicken
- Pork/Bacon/Ham
- Eggs
- Lunch Meats/Hot Dogs
- Other _____

Indicate other items sold at this store: Gasoline Lottery Tickets Liquor Auto Parts Hardware
 Video Rental Deli Bait Other _____

5. Have you reviewed with this store the Vendor Agreement and the consequences of Program Abuse? Yes No

6. **Has the vendor applicant been warned that he/she is not an Authorized WIC Vendor and cannot accept food instruments until the authorized stamp is obtained and initial training completed.** Yes No

I CERTIFY THAT I HAVE VISITED THIS STORE AND FIND IT (ELIGIBLE/ NOT ELIGIBLE) BASED UPON THE CRITERIA FOR SELECTION OF VENDORS AND THE VENDOR AGREEMENT. IF THIS VENDOR APPLICANT IS NOT ELIGIBLE, PLEASE DOCUMENT WHY:

SIGNATURE OF LOCAL AGENCY REVIEWER _____ DATE _____

STATE AGENCY USE ONLY

1. Are the Food Prices Competitive? Yes No

2. Food Stamp Number: _____ Date verified with appropriate Food Stamp Office: _____

3. Retail-Food Establishment Number: _____ Indicate Date Verified: _____

4. Does the vendor meet the Criteria for Selection of Vendors? Yes No If no, explain:

5. Recommended for approval? Yes No

6. Signature _____ Date _____