



Return to: CABINET FOR HEALTH AND FAMILY SERVICES
 Department for Public Health
 275 East Main Street, HS2W-D
 Frankfort, Kentucky 40621
 Phone (502) 564-3827

WIC-16
 Rev.6/10

WIC VENDOR SALES INFORMATION

Please review the directions on the back of this form.

STORE NAME _____

WIC VENDOR NUMBER _____

STORE ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

1. If this is for a new store, estimate sales and specify a time period.

From _____ to _____
month/year month/ year

2. Food Sales for the time beginning:

October 1, 2010 and ending September 30, 2011: \$ _____
Amount

3. Gross Sales for the time beginning:

October 1, 2010 and ending September 30, 2011: \$ _____
Amount

Must supply proof (tax return information) of reported sales figures if requested by State Agency.

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THIS INFORMATION IS FOR THE USE OF THE WIC PROGRAM.

 Name of Person or Firm Supplying Information (**Please print**)

 Date

 Signature of Person or Firm Supplying Information

 Title



INSTRUCTIONS FOR COMPLETING THE WIC VENDOR SALES INFORMATION

A. This form serves to document whether a contracted vendor or vendor applicant meets the criteria for non-taxable food sales and primary business is a retail grocer or drug store.

B. Instructions for completing of the form

1. **Store Name-** Enter store name
2. **WIC Vendor Number-** Enter the Authorized WIC Vendor Number as it appears on your Vendor Stamp. If an applying vendor, leave the area blank.
3. **Address demographics.**
4. **Indicate time period for information supplied-** If the store has not been in business for an entire year, indicate the time period for which information is being supplied.
5. **Food Sales-** Supply amount of all non-taxable food sales, including WIC sales, if applicable, for the time period beginning October 1, 2010 and ending September 30, 2011. Indicate the dollar amount of sales. If an applying vendor, estimate anticipated sales.
6. **Gross Sales-** Supply amount of total sales for store for the time period beginning October 1, 2010 and ending September 30, 2011. Gross sales include both the taxable and non-taxable sales done by the store, including gas, pharmacy, bait, deli, video rental, etc. However, sales from lottery, money orders and any service offered as commission services (e.g. Ticket Master), or fishing/hunting licenses are not to be reported as gross sales. Indicate the dollar amount of sales. If an applying vendor, estimate anticipated sales.
7. **Name of Person or Firm Supplying Information-** Self- explanatory.
8. **Date-** Month, Day and Year the form is completed/
9. **Signature-** Signature of person supplying information.
10. **Title-** Title of person or firm supplying information.