

REV. 6/10

WIC INFORMATION MANUAL
FOR
VENDOR APPLICANTS

June 2010

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

AGENCY _____

ADDRESS _____

TELEPHONE NUMBER _____

CONTACT PERSON _____

DEVELOPED BY:

DEPARTMENT FOR PUBLIC HEALTH

DIVISION OF MATERNAL AND CHILD HEALTH

NUTRITION SERVICES BRANCH

WIC PROGRAM

275 EAST MAIN STREET HS2W-D

FRANKFORT, KENTUCKY 40621

<http://chfs.ky.gov/dph/mch/ns/wic.htm>

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INTRODUCTION

What is WIC? WIC is a supplemental food program funded by the United States Department of Agriculture and administered through the Kentucky Cabinet for Health Services. WIC services are coordinated through Local Health Departments and private health facilities. WIC stands for Special Supplemental Nutrition Program for Women, Infants and Children.

The WIC Program provides specific nutritious foods along with nutrition education at no cost to the participant. These services are provided to income eligible and nutritionally at risk pregnant, breastfeeding and postpartum women, infants and children up to five (5) years of age.

Eligible participants are issued food instruments/cash value benefits for one (1), two (2) or three (3) month periods, but should redeem only one (1) month of food instruments/cash value benefits at a time. Participating vendors redeem these food instruments for approved food and deposit the food instruments/cash value benefits in their bank just as they would a check.

The WIC vendor is an important part of the WIC Program and it is necessary that all food merchants who apply to become WIC vendors understand the WIC Program rules and regulations.

This manual was prepared for food merchants who wish to make application to become an approved WIC vendor. Please read everything carefully. If you are accepted, you will enter into a written contract with the WIC Program and be responsible for carrying out ALL terms of the contract as well as WIC Program Policies and applicable Federal and State Regulations. Your contracting agency will be the Local Agency that administers the WIC Program in the county where your business is located, hereafter referred to as the Local Agency.

**WIC INFORMATION MANUAL FOR VENDOR APPLICANTS
TABLE OF CONTENTS**

| | Page |
|--|------|
| HOW TO BECOME A WIC VENDOR | 1 |
| KENTUCKY STATE RETAIL FOOD CODE | 5 |
| QUANTIFIED MINIMUM INVENTORY REQUIREMENTS | 6 |
| INSTRUCTIONS FOR COMPLETING THE WIC PROGRAM VENDOR APPLICATION | 7 |
| INSTRUCTIONS FOR COMPLETING THE WIC APPROVED ITEMS PRICE LIST | 11 |
| INSTRUCTIONS FOR COMPLETING THE WIC PROGRAM VENDOR AGREEMENT | 12 |
| INSTRUCTIONS FOR COMPLETING THE WIC VENDOR SALES INFORMATION FORM | 13 |

HOW TO BECOME A WIC VENDOR

Before a store can be an authorized vendor and accept food instrument/cash value benefits, the store must:

- A. Complete a Kentucky WIC Program Vendor Application (WIC-14) which provides the Local and State Agency with general information and ensures that the vendor applicant meets the criteria for the selection of vendors, which includes:
 1. Stocking the minimum inventory of WIC approved foods in accordance with the “Quantified Minimum Inventory Requirements,” which is Attachment C of the Vendor Agreement and also on page 7 of this manual. The inventory must be in the store or in the store’s stockroom. Infant formula may only be purchased from wholesalers, distributors, and retailers licensed in Kentucky, or formula manufacturers registered with the Food and Drug Administration. An approved list is available from the State WIC Office or online at <http://chfs.ky.gov/dph/mch/ns/wic.htm>
 2. Being in compliance with the Kentucky State Retail Food Code (902 KAR 45:005) and having a valid Retail-Food Establishment or Retail Food Store Permit in the current owner’s name. This permit can be obtained from the Environmental Section of the Local Health Department in the county where the store is located. See the copy on page 6.
 3. Having prices competitive with other contracted vendors. An applying vendor’s prices will be reviewed by using the following procedures:
 - a. A pregnant and partially breastfeeding woman, child and infant’s (concentrated and powdered contract brand formula) food package will be calculated for each store based upon the prices submitted on the Price List (WIC-24). The following examples are the structures of the food packages:
 - a. A woman’s food package is:
 - Milk – (5) 1/2 gallons
 - Cheese – (1) pound
 - Eggs – (1) dozen
 - Cereal – (36) ounces
 - Juice – (3) 46 or 48 ounce containers
 - Peanut Butter – (1) 18 ounce container
 - Whole Wheat Bread – (1) 16 ounce package
 - Dry or Canned Beans – (1) pound bag or (4) 16 ounce cans
 - Fresh Fruits and Vegetables - \$10.00

- b. A child's food package is:
 - Milk – (4) gallons
 - Cheese – (1) pound
 - Eggs – (1) dozen
 - Cereal – 36 ounces
 - Juice – (2) 64 ounce containers
 - Peanut Butter – (1) 18 ounce container or
 - Dry or Canned Beans – (1) pound bag or (4) 16 ounce cans
 - Brown rice, Whole wheat bread or Whole wheat tortillas
(1) 14 ounce or 16 ounce package
 - Fresh Fruits and Vegetables - \$6.00

- c. An infant's food package is:
 - Formula – (10) 12 ounce powdered iron fortified contract brand formula
 - Infant Cereal – (3) 8 ounce boxes
 - Infant Fruits and Vegetables – (32) 4 ounce containers

- b. The computer will calculate the mean price of each food package for each classification of store within the area of the state (Areas are divided as West, Central and East). The classification of stores will be designated as Class I, Class II, Class III, Class IV. Class I stores have reported yearly food sales of \$200,000 or below. Class II stores have reported food sales of \$200,001-\$1,500,000. Class III stores have reported yearly food sales between \$1,500,000 and \$8,000,000. Class IV stores are those who have reported yearly food sales over \$8,000,000. Class V stores are those vendors who are designated as pharmacies.

- c. If the store's prices are ten percent (10%) [or more] above the State Mean for its class and ten percent (10%) [or more] above the Region Mean for its class for any food package, the application will not be approved.

- 4. Not be disqualified or withdrawn by the United States Department of Agriculture (USDA) from participation in another Food and Nutrition Service (FNS) Program or denied application to participate in the Food Stamp Program. Not be currently paying a civil money penalty to the Food Stamp Program; or not having been assessed a civil money penalty for hardship by the Food Stamp Program and the disqualification period that would otherwise have been imposed has not expired.

NOTE: A VENDOR APPLICANT CANNOT ACCEPT WIC FOOD INSTRUMENTS/CASH VALUE BENEFITS UNTIL THE SIGNED AND APPROVED AGREEMENT AND WIC VENDOR STAMP IS RECEIVED. NO PAYMENT WILL BE MADE TO A VENDOR APPLICANT WHO HAS NOT SUCCESSFULLY COMPLETED THIS PROCESS.

5. Be requesting application for a business whose primary purpose is to be a retail grocery. Direct distribution outlets and wholesale food establishments are not eligible. A vendor who derives more than 50% of their annual food sales revenue from the sale of food items on WIC Food instrument/cash value benefits is not eligible. A vendor whose primary business is something other than a retail grocery is not normally eligible for the Program. This includes dairies, gas stations, specialty stores, liquor stores, home delivery groceries, bait shops, etc. In order to be authorized, the applicant must have a recognized grocery department in a stationary location that is a separate and distinct area which stocks staple food items in addition to WIC approved foods. Staple food items are defined as meat, poultry, fish, bread and bread items, cereals, vegetables, fruit, fruit and vegetables juices, dairy products, and the like. Food items such as coffee, tea, cocoa, carbonated and noncarbonated drinks, condiments, and spices are not considered to be staple foods. A retail grocery should have:
 - a. A separate area as defined above;
 - b. A stock of food other than staple food items as defined above;
 - c. Fifteen percent (15%) of their gross sales in non-taxable food sales excluding specialty products. (Bakery goods for bakery, produce for fruit and vegetable stands.) Dairies and home delivery groceries will not be approved if they operate solely as mobile operations.
6. Being open for business year round, on a full time basis, at least eight hours per day and six days per week.
7. Not owing the WIC Program for any unpaid claims or civil money penalties for any stores owned or previously owned by the applying owner.
8. The State Agency may not authorize an applicant vendor if, during the last six (6) years, the vendor applicant's current owner(s), officers or managers have been convicted of or had a civil judgment for :
 - a. Fraud;
 - b. Antitrust violations;
 - c. Embezzlement, theft, or forgery;
 - d. Bribery;
 - e. Falsification or destruction of records;
 - f. Making false statements or claims;
 - g. Receiving stolen property;
 - h. Obstruction of justice;
 - i. Other evidence reflecting on the business integrity and reputation of the applicant; or
 - j. Official records of removal from other federal, state or local programs.

9. The WIC Program shall not authorize a store that has attempted to circumvent a period of disqualification from the program. This includes a store that has undergone a sale or change of operation if the transaction involves the following parties:
 - a. The seller or transferor is an owner, operator, or manager who is currently suspended, sanctioned, or disqualified from WIC or the Food Stamp Program; and
 - b. The buyer or transferee is related to the seller by marriage or consanguinity within the fourth degree, or was a manager or employee of the seller at the time of the sanction, suspension or disqualification was issued, or the violation occurred.
 10. No contract shall be entered into with a vendor applicant when a conflict of interest, real or apparent, will occur. Contracts will not be entered into with local health department employees or with governing local board of health members.
 11. The State Agency will terminate a vendor contract if it determines the vendor or vendor's employees provided false information in connection with the vendor application.
- B. Complete a Kentucky WIC Program WIC Approved Items Price List (WIC-24) which provides stock and pricing information.
 - C. Receive an on-site visit by the Local Agency to verify information submitted on the Application and Price List.
 - D. Review and sign a Vendor Agreement (WIC -13). The application and Vendor Agreement will be reviewed with the vendor applicant by the Local Agency and then submitted to the State Agency for approval.
 - E. Provide information to the State Agency regarding gross sales and food sales prior to approval of the contract. See Instructions for completing the WIC Vendor Sales Information Form. The WIC Vendor Sales Information (WIC-16) form requesting this information is provided and is to be submitted directly to the State Agency.
 - F. Provide additional information such as a bill of sale, tax return information, and other proof of ownership or other documents as requested.
 - G. Receive training on the operation of the WIC Program.
 - H. Receive an authorized WIC Vendor Stamp from the Local Agency, along with a copy of the signed and approved Vendor Agreement (WIC-13).
 - I. A drug store applying to be a WIC grocery store must meet all the selection criteria

KENTUCKY STATE RETAIL FOOD CODE

When a store is in compliance with the Kentucky State Retail Food Code (902 KAR 45:005), the store is issued a State Retail-Food Establishment or Retail Food Store permit. This permit can be obtained from the Environmental Section of the County Health Department site in the county where the store is located. The example below is a copy of a permit. This permit must be in the current owner's name and the permit fee must be paid. If the store was recently purchased, contact the County Health Department to have the existing permit transferred to the appropriate name.

| | | |
|--|---|--|
| County | CABINET FOR HEALTH AND FAMILY SERVICES COMMONWEALTH OF KENTUCKY | THIS PERMIT MUST BE POSTED IN A CONSPICUOUS PLACE |
| 1028 SEATS SQ FT |  | |
| ***PERMIT TO OPERATE*** | | |
| AUTHORIZATION IS HEREBY GRANTED TO OPERATE A RETAIL/FOOD ESTABLISHMENT IN COMPLIANCE WITH KENTUCKY FOOD, DRUG, AND COSMETIC ACT THIS PERMIT IS NON-TRANSFERABLE AND SHALL EXPIRE ON 12/31/10 | | |
| Location of Establishment If Different From Mailing Address | | |
| | | PERMIT # EXPIRATION DATE |
| Given under our hands on this date 01/07/2010 | | |
| _____ / Secretary for Health And Family Services | | |

QUANTIFIED MINIMUM INVENTORY REQUIREMENTS

ALL FOOD ITEMS MUST BE WIC APPROVED, MEETING THE REQUIREMENTS OF ATTACHMENT A OF THE WIC PROGRAM VENDOR AGREEMENT AND MUST BE WITHIN THE MANUFACTURER'S EXPIRATION DATE.

| FOOD ITEM | INVENTORY SPECIFICATIONS | QUANTITIES REQUIRED IN STOCK |
|---|--|--|
| MILK | 2 TYPES REQUIRED MUST HAVE WHOLE MILK IN GALLON CONTAINERS AND REDUCED FAT OR SKIM OR LOWFAT MILK IN GALLON CONTAINERS-MUST BE ABLE TO SUPPLY ½ GALLONS AND QUARTS UPON REQUEST | 4 GALLONS WHOLE MILK AND 10 GALLONS LOWFAT MILK |
| CHEESE | 1 TYPE REQUIRED MUST BE AVAILABLE IN 8 OUNCE OR 16 OUNCE PACKAGES NO DELI CHEESE OF ANY TYPE | 4 POUNDS TOTAL |
| EGGS | GRADE A LARGE OR SMALLER | 5 DOZEN |
| CEREAL | 3 PRODUCTS 2 OF THE 3 PRODUCTS MUST BE WHOLE GRAIN | 9 BOXES |
| JUICE | 2 FLAVORS REQUIRED IN EITHER 46 OUNCE OR 48 OUNCE CONTAINERS. MUST ALSO HAVE 64 OUNCE CONTAINERS AVAILABLE IN 2 FLAVORS. MUST BE 100% FRUIT OR VEGETABLE JUICE, UNSWEETENED | 14 CONTAINERS TOTAL |
| 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 |
| FISH | 1 TYPE REQUIRED | 45 OUNCES |
| PEANUT BUTTER | 1 TYPE REQUIRED | 4 - 18 OUNCE CONTAINERS |
| 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 |
| FRESH FRUITS FRESH VEGETABLES | 2 TYPES FRESH FRUITS 2 TYPES FRESH VEGETABLES | 10 POUNDS TOTAL |
| 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 OF CONTRACT BRAND POWDERED FORMULA TOTAL |
| INFANT CEREAL | 1 TYPE REQUIRED 8 OUNCE BOXES | 3 BOXES |
| INFANT FRUITS AND VEGETABLES | 2 TYPES INFANT FRUITS AND 2 TYPES INFANT VEGETABLES 4 OUNCE JARS | 32 - 4 OUNCE JARS TOTAL |

INSTRUCTIONS FOR COMPLETING THE VENDOR PORTION OF THE WIC PROGRAM VENDOR APPLICATION (WIC-14)

Upon request, a Local Agency will provide the vendor applicant with an Application (WIC-14), a WIC Approved Items Price List (WIC-24) and a WIC Vendor Sales Information Form (WIC-16). The Application and Price List must be properly and fully completed and be returned to the Local Agency. ALL QUESTIONS ON THE APPLICATION MUST BE FULLY COMPLETED.

The Local Agency will complete the Date of Request.

- A. The following instructions are for completing the vendor portion of the Application:
- 1.-5. Self-explanatory
 6. Type of Store - Check the type of store that most clearly fits the type of business.
 - (1) Convenience-e.g., Convenient, Minit Mart or similar store which is open seven days a week after 9 p.m.
 - (2) Grocery-e.g., Chain or Independent
 - (3) Other-e.g., specialty, discount, hypermart, etc.
 7. Type of Ownership - Check the type of ownership which most clearly fits.
 - (1) Single Owner-owned by 1 person
 - (2) Partnership-owned by 2 or more people
 - (3) Corporation-Incorporated with the State
 8. Ownership information:
 - a. Corporate Information: Supply the name and address of the corporate contact, corporate name and address. This applies to any business that is incorporated.
 - b. Name(s), Social Security Number(s)- Name and telephone number(s) of person(s) who are partners or corporate officers and the Social Security Number of each person.
 9. Self-explanatory.
 10. Store Open for Business under Applying Ownership - Indicate the specific date (month, date, year) the store will or has opened under the applying ownership.
 11. How Long the Store has been in Business - If the store has previously been in business, enter the time period. If previously in business under another name or owner, please indicate. Also, indicate if the store previously participated in the WIC Program.
 12. Self-explanatory

13. Rejected Application - Indicate if you have previously applied for participation in the WIC Program and had your application rejected. Specify date application was rejected.
14. Participation in the WIC Program - Indicate if the vendor applicant has ever had a contract with the WIC Program. If yes, indicate the previous WIC Vendor Stamp Number (if known), the store name and the state in which the store was located. Stores currently contracted with the WIC Program are to only be included in the answer to number 16 on this form.
15. Warning or Suspension from WIC Program - Indicate if the vendor applicant, - the corporation or the manager ever owned, managed, or has been an employee of a firm which ever received a termination, or disqualification from the WIC Program. If yes, provide date, brief reason and identify the person or corporation and the store name and location involved.
16. Own Other Grocery and Drug Stores - If yes, indicate name(s), and address(s) of any other stores owned that accept WIC food instrument/cash value benefits.
17. Food Stamp Authorization Number - If authorized, supply the Food Stamp Number. If not authorized, indicate if the application has been submitted or rejected.
18. Suspension from Food Stamps - Indicate if the vendor applicant, the corporation or the manager ever owned or managed a firm which had violated Food Stamp Regulations and was withdrawn, disqualified, assessed a civil money penalty, fined or received a warning letter. If the response is no, enter N/A. If yes, provide the date, a brief reason, and identify the person or corporation and the store name and location involved.
- 19-20. Self-explanatory.
21. Valid Retail-Food Establishment or Retail Food Store Number - Indicate if there is a Retail-Food Establishment or Retail Food Store Permit in the owner's name. If there is not a permit or the permit is not in the owner's name, contact the Environmental Section of the County Health Department site in the county where the store is located. An applying store must have a Retail-Food Establishment or Retail Food Store Permit in the applying owner's name.
22. More Than Fifty Percent Criteria - Indicate if you believe that more than 50% of your yearly food sales will be from the sale of food items on WIC food instrument/cash value benefits.

23. Wholesaler/Retailer Information - Indicate the wholesaler/retailer you expect to use for the purchase of WIC food items. Infant formula must be purchased from the list of infant formula wholesalers, distributors and retailers licensed in Kentucky or formula manufacturers registered with the FDA. An approved list is available from the State Agency or on-line at <http://chfs.ky.gov/dph/mch/ns/wic.htm>.
 24. Self-explanatory.
 25. Cash Register Information - Indicate number of cash registers and whether or not cash registers will identify approved foods if optical scanners.
 26. Months of Operation - Indicate the months of operation.
 27. Hours of Business - Hours the store is actually open each day.
 28. List Bank(s) of Deposit - Indicate the name and complete address of bank of deposit.
 29. Self-explanatory.
 30. Review Paragraph.
 31. Authorized Signature (Owner or Corporate Officer) - The applying owner must sign this form. The only exception is for a chain store whose Authorized Representative is at the corporate level and may not be the owner.
 32. Title - Title of person signing the application. The applying owner must sign this form. The only exception is for a chain store whose Authorized Representative is at the corporate level and may not be the owner.
 33. Date - Date the form is signed.
- B. The next two (2) portions of the Application are for the Local Agency and State Agency to use in reviewing the store for approval for a contract. Do not complete these portions of the form.
- C. Within thirty (30) days, or as soon as can be scheduled, upon receipt of a properly completed Application, the Local Agency will make an on-site visit to complete the Vendor Application and review the WIC Approved Items Price List (WIC-24). This on-site visit is performed only after applying owner has taken possession of the store and the property transfer has been completed.

- D. The Local Agency will review the vendors applicant's eligibility and submit the Application information to the State Agency, only if the vendor applicant is eligible according to the criteria the Local Agency has reviewed. If the vendor applicant does not meet criteria to be a WIC Vendor after two (2) site visits, the vendor applicant may not apply for the Program for sixty (60) days from the date of denial.
- E. The Local Agency will advise the vendor applicant to submit the WIC Vendor Sales Information Form (WIC-16) directly to the State Agency.
- F. Within thirty (30) days of receipt of a properly completed Application from the Local Agency, the State Agency will review the Application, Price List, Sales Information, verify information with the Food Stamp Office, verify information with the Environmental Section, review prices in order to determine that pricing is commensurate with other stores in the area and review the adherence to the criteria for selection of vendors. The State Agency may request a bill of sale, tax return information, and other proof of ownership and/or other documents.
- G. If there is a problem with the Application and/or the vendor applicant does not meet criteria to be a WIC Vendor, the vendor applicant will be notified either by the Local Agency or State Agency. If the vendor applicant does not meet the criteria to be a WIC Vendor after two (2) reviews, at any time during this process, the vendor applicant may not apply for the Program for sixty (60) days from the date of denial. After three (3) reviews, the vendor applicant may not apply for the Program for one hundred and twenty (120) days from the date of the denial. Each subsequent denial results in an additional sixty (60) days, i.e., four (4) denials 180 days, etc.

**INSTRUCTIONS FOR COMPLETING WIC
APPROVED ITEMS PRICE LIST**

1. **Vendor Number** - Enter the authorized WIC Vendor Number as it appears on the Vendor Stamp. A vendor applicant will leave the area blank.
2. **Date Completed** - Enter the numerical month, day and year on which you are completing the Price List. For example, May 1, 2009=050109
3. **Name of Store** - Print the name of the store.
4. **Signature of Store Contact** - Signature of person providing information. Review the instructions for the form, paragraphs 7 and 8, prior to completing and signing the form.
5. **Title of Store Contact** - Title of person providing information.
6. **Prices** - Complete prices for the WIC approved foods as requested below.

PRICES ARE TO BE THE SHELF PRICES OF WIC APPROVED FOODS IN STOCK

Milk - Enter the lowest price brand in stock by size.

Cheese - Enter the lowest price brand in stock by size. Prices must only be for 8 or 16 ounce sizes of cheese.

Cereal - Enter the highest price for each brand and size in stock.

Eggs - Enter the highest price charged for eggs.

Juice - Enter the highest price for each type, brand and size of juice in stock.

Dry Beans or Peas - Enter the highest price charged for a 1 pound bag of beans

Canned Beans- Enter the highest price charged for a 16 oz. can as specified.

Peanut Butter - Enter the highest price charged for an 18 oz. size of peanut butter.

Whole Grain Bread – Enter the highest price charged for each brand and size in stock.

Whole Grain Products- Enter the highest price charged for each brand and size in stock.

Tuna/ Salmon/ Sardines - Enter the highest price charged for each brand and size in stock.

Infant Cereal - Enter the highest price charged for an 8 oz. box of infant cereal.

Infant Meats - Enter the highest price charged for a 2.5 oz. container.

Infant Fruits and Vegetables- Enter the highest price charged for a 4.0 oz. container.

Infant Formula - Enter the highest price for each type and size in stock.

7. I do hereby certify that the items listed on this form were available at the store indicated and the prices entered were the actual shelf price. I understand this information is to be used to judge my inventory as set forth in the WIC Program Vendor Agreement item 1(b), is used in the review of prices charged on WIC food instruments and is used to judge commensurate pricing as set forth in the Vendor Agreement. I understand that if my contract is terminated or non renewed for commensurate pricing, failure to meet inventory or failure to properly mark the price of WIC food items, I cannot reapply for sixty (60) days from the day that I return my stamp for the first occurrence. A second occurrence will result in a 120 day disqualification and a third occurrence will result in a one (1) year disqualification.
8. If an applying store, return this form with the properly completed Application to the appropriate Local Agency. If an authorized WIC vendor, return this form as directed.

INSTRUCTIONS FOR COMPLETING THE WIC PROGRAM VENDOR AGREEMENT

This document constitutes a written contract between the Local Agency, State Agency and the participating WIC vendor, regarding applicable federal and state regulations relating to the WIC Program.

- A. For a vendor applicant:
 - 1. Review this document in its entirety before signing the Agreement. This is a legal and binding contract.
 - 2. Sign the following lines:
 - a. Authorized Signature - the signature of the owner. If the store is part of a chain, the legally authorized obligating corporate authority signs.
 - b. Title - the title of the person signing the Agreement.
 - c. Authorized Signature - type or print legibly the name of the person signing the Agreement.
 - d. Corporate or Business Name - type or print legibly the name of the corporation business.
- B. One (1) copy of the original Agreement will be provided for the owner's file and referenced when it has been approved by the State Agency. A contract is not valid until it has been signed and approved by the state agency and the vendor or vendor applicant has received the authorized vendor stamp. WIC food instruments/cash value benefits may not be accepted until the vendor applicant has received a valid contract and vendor stamp.
- C. The WIC Program Vendor Agreement is not a license or property interest.

**INSTRUCTIONS FOR COMPLETING THE
WIC VENDOR SALES INFORMATION FORM**

- A. This form serves to document whether a contracted vendor or vendor applicant meets the criteria for non-taxable food sales and the primary business is a retail grocery.
- B. Instructions for completion of the form are on the back of form.
- C. Keep the second page of this form (copy) for the store's records.