



## Kentucky WIC Program Vendor Application

Please print unless otherwise indicated.

***All questions on the application must be properly and fully completed.  
Incomplete applications will be denied.***

### **STORE IDENTIFICATION**

1. Store name: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_
2. Physical address:  
Street address/rural route number: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Store telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address for store owner: \_\_\_\_\_
3. Mailing address – complete only if mail cannot be delivered to the physical address.  
Street address/rural route number: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **STORE OWNERSHIP AND MANAGEMENT**

4. Type of ownership (check one):
  - Major Chain – Multiple States
  - Independent Chain – Local Corporate Ownership
  - Franchise – Multiple Locations       Franchise – Single Location
  - Independent – Not a Franchise       Commissary

How many stores are under the same ownership? (Include applying store) \_\_\_\_\_

How many of these stores are currently authorized for the KY WIC Program? \_\_\_\_\_

How many of these stores are currently authorized for the SNAP Program?  
\_\_\_\_\_

**5. Corporate Identification - name and address of corporation:**

(Parent corp., if store is company owned)

Corporate contact name: \_\_\_\_\_

Business name: \_\_\_\_\_

Street number: \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail of corporate contact: \_\_\_\_\_

**6. Owner/Corporate Officer:**

Owner's/officer's address - enter requested information for owners of sole proprietorships, partnerships, principal shareholders of private corporations, LLC members or officers of a corporation. Include spouses in community property. If more than two owners attach to this application the same information for each owner:

Present exactly as shown on legal documents.

First and Last Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street number: \_\_\_\_\_ Street/P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

First and Last Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street number: \_\_\_\_\_ Street/P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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 SSNs 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.

7. **Store Manager Identification** - person with primary on-site responsibility for daily operations:

First and last name/Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

8. 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?

Yes  No

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.

9. Are you (applying owner) related to the previous owner?  Yes  No

If yes, what is the relationship? \_\_\_\_\_

10. Have you (applying owner) ever previously applied to participate in the WIC Program and had your application rejected?  Yes  No

If yes, list date and reason rejected: \_\_\_\_\_

11. Have you ever previously participated in the WIC Program?  Yes  No

If yes, name of store: \_\_\_\_\_ Address: \_\_\_\_\_

WIC vendor number: \_\_\_\_\_ Dates of participation: \_\_\_\_\_

12. Have you, the corporation or the manager ever owned, managed or been an employee of a firm which received a warning, disqualification or termination from the WIC Program?  Yes  No If yes, list:

Store name and address: \_\_\_\_\_

Person/entity involved: \_\_\_\_\_

(Attached a listing of vendor numbers and store names if more than one (1) store.)

**Type of action received:**

Warning  Disqualification  Termination Effective date: \_\_\_\_\_

Reason: \_\_\_\_\_

13. Previous Store Name and Owner:

Name: \_\_\_\_\_ Owner: \_\_\_\_\_

**STORE OPERATIONS AND SALES**

14. When did (or will) the store open for business under the applying ownership?

\_\_\_\_\_  
Month    Day    Year

15. What hours is the store open? Example: M – F 7a.m. to 11p.m.; Sat – Sun 7a.m. to 12a.m.

\_\_\_\_\_

16. Is this store open year-round, AT LEAST 40 hours a week?  Yes  No

17. Is this store’s name visible on the outside of the store?  Yes  No

If no, indicate name on sign or store front if different than name on the front of this application: \_\_\_\_\_

18. Indicate the number of cash registers: \_\_\_\_\_

19. Can this store accept WIC Program benefits electronically?  Yes  No

This may be done by using the store’s own multifunctional equipment or through use of a separate internet access device that transacts only WIC EBT redemptions.

20. Will the store use an FNS certified integrated system?  Yes  No

21. Does the store have an internet or telephone connection? If yes, what type?

Yes  No \_\_\_\_\_

22. List the internet or telephone service provider for this store. \_\_\_\_\_

23. Does the store’s system have a firewall?  Yes  No

24. Does the store’s system use a dynamic host configuration protocol (DHCP)?

Yes  No

25. Does the store’s system use static IP addresses? If yes, what are the IP addresses or range of IP addresses?  Yes  No \_\_\_\_\_

26. Is there a network or telephone drop/jack near the cash registers?

Yes  No If no, indicate the location: \_\_\_\_\_

27. Please provide technical point of contact for the store:

Contact name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Office phone: \_\_\_\_\_ Email address: \_\_\_\_\_

28. Are there additional electrical outlets available in the lane(s)?  Yes  No

29. Do you expect to derive more than 50% of total food sales in WIC?  Yes  No

30. Is there a valid retail-food establishment or retail food store number in the owner's name?  Yes  No  
 If yes, enter Retail-Food Establishment Number: \_\_\_\_\_
31. Is this store authorized to accept SNAP?  Yes  No  
 If authorized, enter SNAP authorization number: \_\_\_\_\_
32. Has this store ever been denied, withdrawn, or disqualified from SNAP?  
 Yes  No  
 If yes, enter date and the reason: \_\_\_\_\_
33. Has this store ever received a civil money penalty from SNAP?  Yes  No  
 If yes, enter date and the reason: \_\_\_\_\_
34. Is there a pharmacy located within the confines of the store?  Yes  No  
 If yes, will the pharmacy provide exempt formula or WIC Eligible Nutritionals for the WIC Program?  Yes  No
35. If applying as a pharmacy, can the store provide exempt formula or WIC Eligible Nutritionals within 48 hours of request?  Yes  No
36. List supplier from whom WIC foods are purchased:  
 Name: \_\_\_\_\_  
 Street number: \_\_\_\_\_ Street name: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
37. List supplier from whom infant formula is purchased. 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 WIC Agency.  
 Name: \_\_\_\_\_  
 Street number: \_\_\_\_\_ Street name: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**STATEMENTS AND CERTIFICATION**

Certification and signature of owners (or person who has the ability to apply on behalf of the store or proxy).

I am applying for authorization for this store to take part in the WIC Program, and I have authority to enter into a WIC vendor agreement.

I understand the prices for the WIC approved foods shall be competitive with and not exceed the average shelf price of other vendors in the same peer group.

I understand that my stock of WIC approved foods must meet the WIC Program requirements for minimum variety and quantity at the time of application as a WIC vendor and throughout the period for which the WIC Vendor Agreement shall be in effect.

I understand that my authorization as a WIC vendor is subject to having a current Retail-Food Establishment or Retail Food Store number and a SNAP number.

I understand that the ownership and management of this store will be responsible for understanding the requirements, policies and procedures of the WIC Program and attending required annual WIC training.

I certify that 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 this is only a request for authorization and does not constitute a contract, and I will not accept WIC benefits until I have received an approved WIC vendor agreement and a stand beside POS device (if applicable).

**Note:** If this is a **cost plus 10% store**, the final price (WIC price) must be posted on the shelf or on signage in aisle.

**Note: Only applies to Pharmacies** - I understand that I am to supply only exempt formula or WIC Eligible Nutritionals as requested. I understand that I cannot supply contract brand infant formula.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

## **USDA Non-Discrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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