

**CALIFORNIA WIC PROGRAM
NEW VENDORS
Instructions To Apply For Authorization**

III. Instructions to Complete the Application:

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Section 1: Vendor Store Information

Select the vendor type:

- Check the box at the top of the form marked “New WIC Contract.” Note: you also need to submit an application for a “New WIC Contract” if you are applying to authorize a store that is under a different vendor ownership than the one currently authorized with the WIC Program.
- Enter the **name** of the store; the **store telephone number**; **fax number**, an **e-mail address** and the **physical address** of store, including the **suite number** if applicable.
- Enter a **mailing address** (in addition to the physical store address), **ONLY** if you wish to receive postal delivery other than at your store. This is the address the WIC Program will send **all** correspondence.
- Enter the **date this vendor ownership** acquired this vendor store location.
- Enter the date this vendor store location opened or is scheduled to open under this vendor ownership.
- Enter your **Federal Tax/Employee Identification Number** (EIN).
- Enter the **Number of Registers** in your store. Refer to “Instructions on Counting the Number of Registers in Your Store” listed under Informational Materials. See the hyperlink to document at the top of page 1 under Information Materials.
- Enter your **valid California Seller’s Permit Number**. Refer to “How to Verify a California Seller’s Permit Number.” See the hyperlink to document at the top of page 1 under Information Materials.
- If the store location **will sell ONLY** WIC-authorized foods, check **Yes** in the box provided; otherwise check **No**.
- Enter the **most recent date** the store passed a City or County **health inspection**. You **must also submit** a scanned copy of the current, **valid** health permit (**or** a scanned copy of the health inspection report indicating that the new store is approved to open and operate).

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(Continued)**

Section 2: CalFresh Program Authorization Information

- Enter the **SNAP/CalFresh Program Number** and all other applicable information. Only stores currently CalFresh authorized and with a valid health permit may be considered for authorization.

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Section 3: Vendor Ownership Type

- Check the appropriate box for the **vendor ownership type** for this store.

Section 4: Vendor Ownership Information

- Enter all **vendor ownership** information. Enter the Contract ID Number (if known.)

Section 5: If a Limited Liability Company or Corporation, etc.

- Enter **parent company** information for a Limited Liability Company or Corporation, if applicable. Otherwise, leave blank.

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Section 6: Vendor Ownership Disclosure

- Enter **all** information for **each individual** associated with this vendor ownership **including** store managers, partners, corporate officers, LLC members, LLC managers and corporate directors. Attach additional separate sheets if necessary.

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At top of page 4:

- You **must disclose** if any individuals in this **vendor ownership or management including store managers, partners, corporate officers, LLC members, LLC managers or directors**, have been convicted of a crime, or had a civil judgment entered against them for the reasons indicated on the application. If applicable, you must enter the name(s) of the individuals and dates of legal actions, and provide a description of the conviction or judgment.

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Section 7: Business Days and Hours of Operation

- Enter the **store hours of operation** for each business day and identify the holidays for which the store will be closed (if applicable). If the store is closed on a day, for example on Sundays, do not select anything for that day

Section 8: Sales Information

- You **must** provide the sales information for **this store location**.
- If this vendor ownership has **owned the store for one year or more**, you **must** provide scanned copies of the requested ***California Sales and Use Tax Forms***.
- If this vendor ownership has **owned the store for less the one year**, you must provide an estimate of your annual food sales and scanned copies of the ***California Sales and Use Tax Forms***, if available.

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Section 9: Infant Formula Supplier Form (Note: This is now required of all applicants)

- Include all suppliers from whom you purchase infant formula and attach additional pages if necessary.
- For each supplier, indicate on the form if they are a manufacturer, distributor, wholesaler or retailer.
- Enter the name of the supplier.
- Enter the suppliers **valid** CA Seller's Permit Number and the seller's telephone number.
- **Note:** For **out-of-state** infant formula suppliers: if the supplier is an FDA approved manufacturer, no additional documentation is required. If not an approved FDA manufacturer, you must obtain documentation from the other State's WIC Program, verifying the supplier is an authorized infant formula supplier.
- Submit a scanned copy of the documentation, if applicable, with the application package.

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Section 10: Competitive Price Criteria

- Complete the Competitive Price Criteria. Provide current shelf prices for the WIC-authorized food produces.

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- For each food product, indicate the lowest and highest shelf prices.
- If you only stock one type of a food product (such as one size and type of cheese) list the same price for the low and high prices.
- If you charge the same price for multiple types of the same food item list the same price for both the low and high prices.
- For more information, see the attached “Shelf Price Submission - Frequently Asked Questions”.

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Section 11: Certification

- Read all information contained in Section 11.
- Fill in your name, your title, the date, and verify the store address. If the address needs to be corrected for this section, **return to page 1, section 1** of the application and correct the store address. (If you are submitting a paper application, correct this part manually.)
- Print the page, sign the paper version, scan it, and attach it to the e-mail you send with the application.

IV. Vendor Agreement:

- Download and print a **copy of the Vendor Agreement.**
 - Leave the Contract ID Number and Vendor Number on page one blank.
 - Complete the information on Page 1 of the **Vendor Agreement.**
 - Review all requirements contained in the **Vendor Agreement.**
 - Enter the date and sign the last page of the **Vendor Agreement** according to the type of ownership:
 - Sole Proprietorship – signature of sole owner
 - Partnership/Limited Partnership – ALL partners’ signatures
 - Limited Liability Company – two members’ or managers’ signatures
 - Corporation – two corporate officers’ signatures.
- Note: if LLC has only one member and/or manager, only the signature of that individual is required. If Corporation has only one officer, only the signature of that individual is required.***
- Return a scanned and signed copy of the **Vendor Agreement.** A copy will be returned to you if the store is approved for authorization.