CALIFORNIA WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

APPLICATION FOR AUTHORIZATION OF ADDITIONAL VENDOR STORE

PLEASE TYPE OR PRINT CLEARLY

PRIVACY ACT STATEMENT: This information is requested by the California Department of Public Health, Women, Infants, and Children (WIC) Program. The collection of this information will be used to determine whether a store qualifies to participate in the WIC Program; to monitor compliance with Program regulations; for Program management; and to enforce penalties and sanctions as authorized by statute and regulation. The provision of the requested Social Security Number (SSN) is voluntary. The SSN may only be used to identify all WIC-authorized stores and to locate owners in WIC Program enforcement actions. Information may be provided to the State Controller's Office, U.S. Department of Agriculture (USDA), the State Attorney General, and the Department of Justice.

► 1. VENDOR STORE INFORMATION

Legal Name of Store			
Store Telephone Number	Store Fax Number	Store Email Address	
Street Address			Suite (if applicable)
City	County **Select a County**	State	Zip Code
Mailing Address (complete **ONLY** if there is no physical mail delivery to the vendor store address)			Suite (if applicable)
City		State	Zip Code

When did the vendor ownership acquire this vendor store? (mm/dd/yyyy)	When did the store open or is scheduled to open for business under applicant's ownership? (mm/dd/yyyy)
Federal Tax/Employee Identification Number (EIN):	Number of Registers. Enter the TOTAL number of registers in your store.

Enter your valid California Seller's Permit Number for the store you are applying for: _____

This store will be selling **ONLY** WIC-authorized foods ☐ Yes ☐ No

Note: A California Seller's Permit is not required if you are selling only WIC authorized foods in your store.

Enter the date this store passed a City or County health inspection: (mm/dd/yyyy) _____

Note: You must submit with this application a copy of your valid health permit or a copy of the health inspection report indicating that the store you are applying for is approved to open and operate.

► 2. CALFRESH PROGRAM AUTHORIZATION INFORMATION (FOOD STAMP PROGRAM)

Is this vendor store authorized to participate in the CalFresh Program/Supplemental Nutrition Assistance Program?

☐ Yes ☐ No If Yes, enter your CalFresh Program Number: _____

If No, is the store currently disqualified from the CalFresh Program? ☐ Yes ☐ No

If Yes, enter the period of disqualification : _____ to _____

► 3. VENDOR OWNERSHIP TYPE

☐ Sole Proprietor	☐ Partnership	☐ Limited Partnership (LP)
☐ Limited Liability Company (LLC)	☐ Corporation	☐ Parent Company

► 4. VENDOR OWNERSHIP INFORMATION

Company/Owner(s) Name			Contract ID Number
Mailing Address	City	State	Zip Code

Person WIC Should Contact	Contact Person's Title	Contact Person's Email Address
Contact Person's Telephone	Contact Person's Cell Phone Number	Contact Person's Fax Number

► 5. IF A LIMITED LIABILITY COMPANY OR CORPORATION HAS A PARENT COMPANY(IES), SUPPLY THE FOLLOWING INFORMATION: If there is more than one Parent Company(ies), submit the additional Parent Company information on a separate page and attach to this application.

Name of Parent Company	Telephone Number
Street Address	

City	State	Zip Code

► **6. VENDOR OWNERSHIP DISCLOSURE: You must complete this section for the vendor ownership or management including partners, corporate officers, LLC members, LLC managers, corporate directors, or store managers. If there are more individuals in the vendor ownership or management than the space provided, submit the information on a separate page and attach to this application.**

Person 1	First Name	Middle Name	Last Name	Title
	Social Security Number (Optional)	**OR**	Last 4 digits of SSN **(Required)**	Date of Birth (mm/dd/yyyy)
	Driver's License Number OR ID Number **(Required)**			State Issued
	Telephone Number		Email Address	
	Home Address	City	State	Zip Code
Person 2	First Name	Middle Name	Last Name	Title
	Social Security Number (Optional)	**OR**	Last 4 digits of SSN **(Required)**	Date of Birth (mm/dd/yyyy)
	Driver's License Number OR ID Number **(Required)**			State Issued
	Telephone Number		Email Address	
	Home Address	City	State	Zip Code
Person 3	First Name	Middle Name	Last Name	Title
	Social Security Number (Optional)	**OR**	Last 4 digits of SSN **(Required)**	Date of Birth (mm/dd/yyyy)
	Driver's License Number OR ID Number **(Required)**			State Issued
	Telephone Number		Email Address	
	Home Address	City	State	Zip Code
**Person 4` **	First Name	Middle Name	Last Name	Title
	Social Security Number (Optional)	**OR**	Last 4 digits of SSN **(Required)**	Date of Birth (mm/dd/yyyy)
	Driver's License Number OR ID Number **(Required)**			State Issued
	Telephone Number		Email Address	
	Home Address	City	State	Zip Code

In the past six (6) years, have any individual(s) in this vendor ownership or management including partners, corporate officers, LLC members, LLC managers, corporate directors, or store managers been convicted of a crime, or had a civil judgment entered against them for fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and/or obstruction of justice? ☐ **Yes** ☐ **No**

<u>If Yes,</u>

a) Enter the name(s) of the individual(s).

Full Name	Full Name	Full Name
Full Name	Full Name	Full Name

b) Describe the criminal conviction(s) and/or civil judgment(s) and the date(s). (Be specific) If additional space is needed, submit the information on a separate page and attach to this application.

► 7. BUSINESS DAYS AND HOURS OF OPERATION

Enter the hours of operation for each business day below:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time Open	**Time Open**	**Time Open**	**Time Open**	**Time Open**	**Time Open**	**Time Open**	**Time Open**
Time Closed	**Time Closed**	**Time Closed**	**Time Closed**	**Time Closed**	**Time Closed**	**Time Closed**	**Time Closed**

Identify Holidays Closed:

► 8. SALES INFORMATION: In accordance with Title 7, CFR 246.12 (g)(4)(i)(E) and (g)(4)(i)(F) the California WIC Program is required to evaluate annual food sales and the amount of revenue that is expected to come from WIC and other sources. For purposes of this item, "food sales" means sales of all SNAP eligible foods intended for home preparation and consumption. Food sales do not include sales of any items that cannot be purchased with SNAP benefits.

- **ANNUAL GROSS SALES**
  Provide a total of all food and non-food sales for the last tax year, or the most recent 12-month period. If the store has been open for less than one year, provide an estimate of annual sales.

  $ _____

- **WIC SALES**
  Do you expect WIC sales to be more than 50% of your total annual non-taxable food sales revenue? ☐ Yes ☐ No

- **TOTAL NON-TAXABLE FOOD SALES**
  A. If the store has been in business **for less than one year** at the time of the application, estimate the anticipated annual food sales. Attach available California Sales and Use Tax Forms (Form 401-A2 and/or BOE eFile return).

  $ _____

  B. If the store has been in business **for one year or more,** list the actual food sales. You MUST provide copies of your California Sales and Use Tax Forms (Form 401-A2 and/or BOE eFile return) from the most recent period.

  $ _____

  C. Provide last month's total CalFresh eligible food sales **$** _____

► 9. COMPETITIVE PRICE CRITERIA

Federal regulations (7 CFR §246.12(g)(4)) require California WIC to only authorize vendors that offer the most competitive prices as compared to other vendors in the same peer group. WIC Bulletin Regulations Section 70600 requires vendors to submit shelf prices every six months.

Instructions:

Add your lowest shelf price for the WIC-authorized food item in the "Low Price" box and add the highest shelf price for the WIC-authorized food item in the "High Price" box.

If you stock only one type of the foods listed, or same priced alternatives, add the price of that item as both the high and the low prices.

Product	Low Price	High Price
Breakfast Cereal – Whole Grain 51% or more – 12 oz. box		
Breakfast Cereal – Whole Grain 51% or more – 18 oz. box		
Cheese – 16 oz. Block or Round		
Corn Tortillas – 16 oz		
Dry Beans, Peas or Lentils – 16 oz. package or bulk		
Milk-based Powdered Infant Formula under contract with California WIC		
Juice – 64 oz Bottled Single Strength		
Milk – Whole – 1 Gallon		
Milk – Lower Fat – 1 Gallon		
White Large Chicken Eggs – 1 dozen		
Peanut Butter – 1 jar 16 oz – 18 oz		
Whole Wheat Bread – 16 oz		

Legal Name of Store				
Store Address	Suite # (if applicable):	Store City	Store State	Store Zip

►10. CERTIFICATION

- I am applying for authorization to participate in the California WIC Program.
- I have read and understand the laws and regulations that govern the WIC Program; Title 7, Code of Federal Regulations, Part 246; California Health and Safety Code, Section 123275 et sequentes; Title 22, California Code of Regulations, Section 40601 et sequentes.
- All business owners, including all employees, will comply with WIC Program regulations and the Vendor Agreement.
- I understand that California WIC Program may terminate my authorization or disqualify my store as a result of violations of Title 22, California Code of Regulations, Section 40740, Section 40741, or the WIC Bulletin Regulations Section 70000 et seq.
- I understand that the California WIC Program may terminate my authorization to participate for any change of ownership, change of vendor store location, or cessation of operations.
- I understand that I have the right to appeal the denial of my authorization by the California WIC Program within 30 days of written notice.
- I understand that I cannot assign or subcontract any vendor duties under the Vendor Agreement.
- All the information in this application including all attachments is true and correct. I understand that providing any false information may result in the California WIC Program denying or terminating my authorization to participate.

I am a sole owner, a partner, a corporate officer, a LLC member/manager and I have legal authority to contract for this vendor ownership, as disclosed on Page 3 of this application.

Signature	Printed Name	Title		
Legal Store Name			Date	
Store Address	Suite # (if applicable):	Store City	Store State	Store Zip

PROGRAM CONTACT

For more information call 1-855-WIC-STOR (1-855-942-7867)

Email applications to:

WICVENDORINFO@cdph.ca.gov

Mail applications to:

WIC Program
Vendor Management Branch
3901 Lennane Drive
Sacramento, CA 95834
Attention: New Vendors

WARNING! Information in this application may be verified with other agencies.
WIC Program participation shall be denied or withdrawn if any application information is false.