

# Instructions for Completing the California WIC New Vendor Application

(Rev. 05/24)

---



## Welcome to California WIC

Thank you for your interest in becoming a California WIC Authorized Vendor. The California Department of Public Health, Women, Infants and Children Division (CDPH/WIC) authorizes stores throughout California to accept the California WIC Card in exchange for WIC authorized foods.

This guide is designed to provide vendor applicants with important information and instructions for completing and submitting required vendor authorization forms and documents.

## The New Vendor Authorization Process

California WIC accepts applications from prospective vendors year-round. The WIC New Vendor Authorization Process includes:

- 1) Completing and submitting the *Application for Authorization of Retail Store as WIC Vendor* form along with required documents.
- 2) Completing and submitting the *Vendor Agreement*.
- 3) Attending a mandatory New Vendor Training class (currently held virtually).
- 4) Successfully passing an on-site preauthorization store inspection conducted by CDPH/WIC staff.
- 5) Having an on-site electronic Point of Sale (POS) terminal that is certified to transact the California WIC Card.

**Please allow up to 30 days for application review and processing. Applicants will be notified if the application has been accepted, or if there are any missing/incomplete items that need to be provided.**

## Information to Have Ready

Before you begin completing the application, ensure you have **all** the following information:

- **A copy** of your store's current, valid City/County Health Permit (existing store) **-OR-** a **copy** of the City/County Health Inspection Report indicating that the store is approved to open and operate (new store not yet open).
- **A copy** of California Tax and Use Form 401-A2 and/or CDTFA e-file Returns for the most recent 12-month period (if you have owned the store for one year or more).
- The store's Federal Tax/Employer Identification Number (EIN).
- The store's SNAP/CalFresh/EBT Number.
- The store's California Seller's Permit Number. If you do not have this information, visit the [Permits and Licensing](#) web page on the California Department of Tax and Fee Administration website.
- For **all** store ownership members or managers: Name, Title, Social Security Number or Last 4 Digits of Social Security Number, Date of Birth, Driver's License Number, Email Address, and Home Address.
- A list of **all** suppliers from who you purchase infant formula, including Formula Supplier Name, Formula Supplier's California Permit Number, and Formula Supplier's phone number.

## Questions

For questions regarding the California WIC New Vendor Authorization Process, contact the WIC Vendor Help Desk at (855) 942-7867, or email [WICVendorInfo@cdph.ca.gov](mailto:WICVendorInfo@cdph.ca.gov).

## Completing the Application

Using the fillable form available on the [Welcome New Vendors](#) page on the CDPH/WIC website, provide the requested information.

### SECTION 1 – VENDOR STORE INFORMATION (PAGE 1)

In this section:

- Indicate whether the store has an existing WIC Contract with CDPH/WIC (Check “No” or “Yes”).
- Enter Store Name, Store Telephone Number, Store Email Address, the (physical) Street Address including Suite (if applicable), Store City, Store County, Store State, and Store Zip Code.
- If you prefer to receive official mail or correspondence from CDPH/WIC at a different address, enter this address in the “Mailing Address” fields.
- Enter the date that you/the applicant acquired ownership of this store.
- Enter the date you/the applicant opened the store for business. If the store has not yet opened, enter the date the store is scheduled to open.
- Enter the store’s Federal Tax/Employer Identification Number (EIN).
- Enter the TOTAL number of registers in the store.
- Enter the store’s California Seller’s Permit Number.
- Indicate whether the store is/will be selling ONLY WIC-Authorized foods.

- Enter the date the store passed its most recent City or County Health Inspection.

### SECTION 2 – CALFRESH PROGRAM AUTHORIZATION INFORMATION (FOOD STAMP PROGRAM) (PAGE 2)

In this section:

- Indicate whether the store is authorized to participate in the CalFresh/SNAP Program (Check “Yes” or “No”).
- Enter the store’s CalFresh/SNAP Program Number.
- If the store is NOT currently authorized to participate in the CalFresh/SNAP Program, indicate whether the store is currently disqualified from the CalFresh/SNAP Program (Check “Yes” or “No”).
- If the store is currently disqualified, enter the period of disqualification (Start and End Date).

### SECTION 3 – STORE OWNERSHIP TYPE (PAGE 2)

Check the box for the appropriate ownership structure for this store: (Sole Proprietor, Partnership, Limited Partnership, Limited Liability Corporation (LLC), or Corporation).

### SECTION 4 – STORE OWNERSHIP INFORMATION (PAGE 2)

- Enter all requested Store Ownership information.
- If this store location will be part of an existing WIC Vendor Contract, enter the Contract ID Number where indicated.

**SECTION 5 – STORE OWNERSHIP INFORMATION (IF LIMITED LIABILITY COMPANY OR CORPORATION WITH PARENT COMPANIES) (PAGE 2)**

If the Store Ownership is a Limited Liability Company or Corporation, enter the parent company/companies' information. If not applicable, leave this section blank.

**SECTION 6 – STORE OWNERSHIP DISCLOSURE (PAGES 3 & 4)**

- Enter all requested information for **everyone** associated with the store's management and/or ownership structure. This includes store managers, partners, LLC members, LLC managers, and corporate directors, executives, or officers that are part of the store's ownership structure. Attach additional pages if necessary.
- You must disclose if any individual associated with the store's management and/or ownership structure have 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.

If applicable, enter the name(s) of the individuals, date(s) of legal actions, and a description of the conviction or judgment. Attach additional pages if necessary.

**SECTION 7 – BUSINESS DAYS AND HOURS OF OPERATION (PAGE 5)**

- Enter the store hours of operation for each business day (Time Open and Time Closed). If the store is closed on a specific day (e.g., Sunday), do not enter any information for that day.
- List any holidays that the store will be closed.

**SECTION 8 – SALES INFORMATION (PAGE 5)**

Provide food sales information or for **this store location**.

- If your vendor ownership structure has owned the store for one year or more, you **must provide** a scanned copy of California Tax and Use Form 401-A2 and/or CDTFA e-file Returns for the most recent 12-month period.

**SECTION 9 – PEER GROUP AND COMPETITIVE PRICE CRITERIA ASSESSMENT (PAGE 5)**

Provide retail sales information or for **this store location**. For the purposes of this section, "retail sales" means the total of your store's taxable and non-taxable sales.

**SECTION 10 – INFANT FORMULA SUPPLIER REPORTING INFORMATION (PAGE 6)**

You are required to provide information on all infant formula suppliers for this store. For **each** supplier:

- Indicate whether the supplier is a manufacturer, distributor, wholesaler, or retailer.
- Enter the supplier's name, supplier's valid California Seller's Permit Number, and supplier's telephone number. If the supplier is an FDA-approved manufacturer, a California Seller's Permit Number is not required.
- If the supplier is an Out-Of-State Infant Formula Supplier, you must attach documentation from that state's WIC Program verifying that the supplier is recognized by that state as being an authorized infant formula supplier. Documentation is not required for FDA-approved manufacturers.

## SECTION 11 – COMPETITIVE PRICE CRITERIA (PAGE 7)

For the 14-day period prior to the date the application is signed, enter the store's **lowest** and **highest** shelf prices for each of these food items:

- Breakfast Cereal - Whole Grain 51 % or more  
12-ounce box
- Breakfast Cereal – Whole Grain 51% or more  
18-ounce box
- Cheese  
16-ounce block or round
- Dry Beans, Peas, or Lentils  
16-ounce package or bulk
- Similac Advance Infant Formula (Powder  
Concentrate)  
12.4-ounce container  
***(this product is currently the primary  
contract-brand milk-based infant formula  
prescribed to WIC participants)***
- Juice  
64-ounce bottled shelf-stable
- Milk – Whole  
1-gallon
- Milk - Lower Fat  
1-gallon
- Chicken Eggs – White Large  
1-dozen
- Peanut Butter  
16 to 18-ounce jar
- Whole Wheat Bread  
16-ounce

If the store only carries one type of a food product (e.g., one size/type of cheese), enter the **same price** for both the “low price” and “high price.”

## SECTION 12 – CALIFORNIA WIC ELECTRONIC BENEFITS (EBT) CAPABILITY ASSESSMENT (PAGES 8 & 9)

California WIC authorized vendors are required to maintain electronic point of sale (POS) equipment that has been certified for use in California to conduct WIC transactions.

For more information on California WIC EBT POS Equipment, visit the [Welcome New Vendors](#) page on the CDPH/WIC website.

### Questions #1 and #2 (Page 8)

- Provide information your store's POS equipment **that will be used to transact WIC**.
- If you do not know the answer to Questions #1 and/or #2, leave the responses blank. CDPH/WIC staff will contact you to gather necessary information.

### Section A – Integrated POS System (Page 9)

Stores that have an existing Integrated POS System (a POS system that accepts multiple types of payment tenders, such as cash, credit cards, debit cards, and SNAP EBT), respond to Section A, Questions #1 and #2.

### Section B – Stand-Beside POS System (Page 9)

Stores that have an existing Stand-Beside POS System (a POS system that is not connected to a larger register system), respond to Section B.

If you are unable to provide responses to one or more questions in **Section 12 – Electronic Benefits Transfer (EBT) Capability Assessment**, leave those responses blank. CDPH/WIC staff will contact you to gather necessary information.

## SECTION 13 – CERTIFICATION

### (Page 10)

- Review all statements contained in this section.
- Enter all requested information.
- Save a copy of the completed document to your computer.
- Print all pages of the document and sign the last page.
- Scan the signed document and save to your computer.

## Completing the Vendor Agreement

All vendor applicants must complete a California WIC Vendor Agreement.

From the Welcome New Vendors page on the CDPH/WIC website, [download a copy of the Vendor Agreement](#).

### Vendor Agreement - Page 1

- Leave the fields for “Vendor Contract Identification Number” and “Vendor Contract Number” blank.
- Enter all requested information.

### Vendor Agreement – All Pages

- Review all pages of the Vendor Agreement (Articles I through IX).

### Vendor Agreement Signature Block (Final Page)

Sign the last page of the Vendor Agreement according to the type of ownership:

Ownership Type	Signature(s) Required
Sole Proprietorship	Sole owner signature
Partnership/Limited Liability Partnership	ALL partners' signatures
Limited Liability Company	Two members' or managers' signatures
Corporation	Two corporate officers' signatures

## Submitting the New Vendor Application Package

**Application Packages should be sent by email to CDPH/WIC.**

- **Email Address:**  
WICVendorInfo@cdph.ca.gov
- In the Subject Line, include the store address (e.g., 123 Main Street).
- Send ALL attachments as part of a single email.

### Attachments to Include

- A scanned copy of the complete, signed ***Application for Authorization of Retail Store as WIC Vendor*** form.
- A scanned copy of the complete, signed ***Vendor Agreement***.
- An electronic copy of your store's current, valid City/County Health Permit (existing store)  
– **OR** – a copy of the City/County Health Inspection Report indicating that the store is approved to open and operate (new store not yet open).
- An electronic copy of California Tax and Use Form 401-A2 and/or CDTFA e-file Returns for the most recent 12-month period (if you have owned the store for one year or more).

## For Further Assistance

**Contact the CDPH/WIC Vendor Intake Unit:**

phone: (855) 942-7867

email: WICVendorInfo@cdph.ca.gov

website: [www.wicworks.ca.gov](http://www.wicworks.ca.gov)

