

CALIFORNIA WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM

APPLICATION FOR AUTHORIZATION OF 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.

SELECT A VENDOR TYPE

New WIC Contract

Existing WIC Contract

► 1. VENDOR STORE INFORMATION

Store Name

Store Telephone Number

Store Fax Number

Store Email Address

Street Address

Suite (if applicable)

City

County

State

Zip Code

Mailing 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 a copy of your valid health permit with this application (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 the CalFresh Program Number: _____

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

Yes

No

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

APPLICATION FOR AUTHORIZATION – VENDOR STORE (CONTINUED)

► 3. VENDOR OWNERSHIP TYPE

Sole Proprietor

Partnership

Limited Partnership (LP)

Limited Liability Company (LLC)

Corporation

► 4. VENDOR OWNERSHIP INFORMATION

Company/Ownership Name			Contract ID Number	
Mailing Address		City	State	Zip Code
Name of Contact Person	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

APPLICATION FOR AUTHORIZATION – VENDOR STORE (CONTINUED)

► **6. VENDOR OWNERSHIP DISCLOSURE:** You must complete this section for the vendor ownership or management including store managers, partners, corporate officers, LLC members, LLC managers, and corporate directors. 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	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	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	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	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

APPLICATION FOR AUTHORIZATION – VENDOR STORE (CONTINUED)

In the past six (6) years, have any individual(s) in this vendor ownership or management including store managers, partners, corporate officers, LLC members, LLC managers, and corporate directors, 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

If Yes,

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 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 CalFresh eligible foods intended for home preparation and consumption. Food sales do not include sales of any items that cannot be purchased with CalFresh benefits.

• 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 CDTFA eFile return).

\$ _____

B. If the store has been in business **for one year or more**, enter the actual food sales from your most recent 12 month period. You **MUST** provide copies of your California Sales and Use Tax Forms (Form 401-A2 and/or CDTFA eFile return) from the most recent 12 month period.

\$ _____

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

\$ _____

APPLICATION FOR AUTHORIZATION – VENDOR STORE (CONTINUED)

► 9. INFANT FORMULA SUPPLIER REPORTING INFORMATION

The Child Nutrition and WIC Reauthorization Act of 2004 requires all authorized vendors to purchase infant formula from licensed wholesalers, distributors, retailers, or FDA-approved manufacturers. Provide the following information for every supplier of infant formula for this store.

Copy and Attach Additional Pages as Necessary

Supplier 1

Check One: Manufacturer Distributor Wholesaler Retailer

Infant Formula Supplier Name

Supplier's Valid CA Seller's Permit Number (Not required if FDA-approved manufacturer) Supplier's Telephone Number

If this is an **OUT-OF-STATE** infant formula supplier, you **MUST** attach documentation from that state's WIC Program verifying that this supplier is recognized by that state as being an authorized infant formula supplier. Documentation is **NOT** required for FDA-approved manufacturers.

Supplier 2

Check One: Manufacturer Distributor Wholesaler Retailer

Infant Formula Supplier Name

Supplier's Valid CA Seller's Permit Number (Not required if FDA-approved manufacturer) Supplier's Telephone Number

If this is an **OUT-OF-STATE** infant formula supplier, you **MUST** attach documentation from that state's WIC Program verifying that this supplier is recognized by that state as being an authorized infant formula supplier. Documentation is **NOT** required for FDA-approved manufacturers.

Supplier 3

Check One: Manufacturer Distributor Wholesaler Retailer

Infant Formula Supplier Name

Supplier's Valid CA Seller's Permit Number (Not required if FDA-approved manufacturer) Supplier's Telephone Number

If this is an **OUT-OF-STATE** infant formula supplier, you **MUST** attach documentation from that state's WIC Program verifying that this supplier is recognized by that state as being an authorized infant formula supplier. Documentation is **NOT** required for FDA-approved manufacturers.

Store Name

Store Address	Suite #:	Store City	Store State	Store Zip
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APPLICATION FOR AUTHORIZATION – VENDOR STORE (CONTINUED)

► 10. 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 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		
Primary Contract brand Milk-based infant formula in powdered form		
Juice – 64 ounce Bottled Single Strength		
Milk – Whole – 1 Gallon		
Milk – Lower Fat – 1 Gallon		
White Large Chicken Eggs – 1 dozen		
Peanut Butter – 1 jar 16 ounce – 18 ounce		
Whole Wheat Bread – 16 ounce		

Store Name

Store Address

Suite #:

Store City

Store State

Store Zip

APPLICATION FOR AUTHORIZATION – VENDOR STORE (CONTINUED)

► 11. 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, partner, corporate officer, or 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		
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.**