

CA WOMEN, INFANTS & CHILDREN, PROGRAM

NEW VENDOR
Applicant Checklist



HAVE YOU INCLUDED THE FOLLOWING FOR
SUBMISSION WITH YOUR EMAIL OF THE APPLICATION?

| | |
|--------------------------|---|
| <input type="checkbox"/> | Application: complete Vendor Ownership Disclosure (page 3 of 7). If more than four individuals in the vendor ownership, submit <u>scanned</u> copies of additional pages with the application as an attachment to your email. |
| <input type="checkbox"/> | Application: complete all seven (7) pages. Did you: <input type="checkbox"/> Include CalFresh authorization number (must be authorized to apply as a WIC vendor) <input type="checkbox"/> Provide WIC Sales and Non-Taxable Food Sales (page 4 of 7) <input type="checkbox"/> Provide infant formula supplier information (page 5 of 7) <input type="checkbox"/> Provide your low and high shelf prices for select WIC authorized foods (page 6 of 7). |
| <input type="checkbox"/> | Application: page seven (7) only must be signed and dated. Please include your title. A copy must be <u>scanned</u> and submitted with the application as an attachment to your email. |
| <input type="checkbox"/> | Health Permit: current copy OR most recent Health Inspection Report <u>scanned</u> and submitted with application as an attachment to your email. |
| <input type="checkbox"/> | CA Sales and Use Tax: <u>scanned</u> copies submitted with your application as an attachment to your email. Mandatory if business has operated for a year or more. |
| <input type="checkbox"/> | Copy of completed Vendor Agreement: fill in first page then sign and date as required on page 13. Scan and submit with your application as an attachment to your email. |

Initial here that you have completed and attached the documentation required above.
SUBMIT a copy of this completed checklist WITH your application package.