

Louisiana Department of Health
Office of Public Health – Bureau of Nutrition Services
**The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
VENDOR APPLICATION**



Completion of this form is required to be considered for authorization as a WIC Vendor. The submission of this application does not guarantee WIC Vendor authorization. Information on the application will be used to assess eligibility or continuing eligibility for WIC authorization and may be disclosed to federal, state and local law enforcement agencies and federal and state tax authorities for the purposes of eligibility determination, law enforcement and collection of forfeitures, recoupments and forfeiture assessments. Failure to provide any information may increase the time it takes to process your application, or make the application ineligible for review.

<p>Return Completed Applications to:</p> <p>Louisiana Department of Health OPH – Bureau of Nutrition Services – WIC Vendor Unit P. O. Box 60630 New Orleans, Louisiana 70160</p> <p>Note: Only <u>completed</u> applications will be processed.</p>	<p style="text-align: center;"><u>FOR LA WIC USE ONLY</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Date</td> <td style="width: 20%; text-align: center;">Initials</td> </tr> <tr> <td style="text-align: center; vertical-align: middle; font-size: 2em;">Received</td> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>		Date	Initials	Received		
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Part 1. STORE INFORMATION

Name Store is Doing Business As (DBA):		Legal Name of Store:	
Store Type* (check one): Grocery <input type="checkbox"/> Convenience <input type="checkbox"/> Hyper-Market <input type="checkbox"/>		WIC Vendor Number (If Currently WIC Authorized):	Parish:
Store Telephone Number:	Store Fax Number:	Business Federal Tax ID Number:	
Store Street Address (Physical Location):	City:	State:	ZIP Code:
Mailing Address (If Different From Above):	City:	State:	ZIP Code:

Description of Store (Including Directions) If Not Easily Identifiable:

*Store Types: a) **Grocery** is a retail store that primarily sells food; b) **Convenience** is a small store with extended opening hours and in a convenient location, stocking a limited range of household goods and groceries; c) **Hypermarket** is a superstore combining a supermarket/grocery and a department store.

Contact Person(s): Please list all persons responsible for the day to day, on-site operations of this store (including the owner if they act in this capacity). This should include the managers of the store and the person whom LA WIC will contact to discuss any issues. Please show names as they appear on legal documents.

1.	Name (Last, First Middle):	Title:
	Contact Person's Email Address:	Contact Person's Telephone/Cell Number (Including Area Code):
2.	Name (Last, First Middle):	Title:
	Contact Person's Email Address:	Contact Person's Telephone/Cell Number (Including Area Code):
3.	Name (Last, First Middle):	Title:
	Contact Person's Email Address:	Contact Person's Telephone/Cell Number (Including Area Code):

Vendor Applicant's Initials _____

Part 2. OWNERSHIP INFORMATION

OWNERSHIP TYPE: Check one. Go to <http://www.sos.la.gov/> for assistance in determining your ownership type.

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Partnership

OWNERSHIP DISCLOSURE: List all owners, agents, corporate officers and members. Also, provide a home address for all owners/officers/members. If there are more owners/officers/members than space permits, please complete on a separate page and attach to this application.

1.	Name (Last, First Middle):	Title:
Date of Birth (mm/dd/yyyy):		Percent of Ownership: %
Address:		
City:	State:	ZIP Code:
Work Phone:	Cell Phone:	

2.	Name (Last, First Middle):	Title:
Date of Birth (mm/dd/yyyy):		Percent of Ownership: %
Address:		
City:	State:	ZIP Code:
Work Phone:	Cell Phone:	

3.	Name (Last, First Middle):	Title:
Date of Birth (mm/dd/yyyy):		Percent of Ownership: %
Address:		
City:	State:	ZIP Code:
Work Phone:	Cell Phone:	

OTHER STORE OWNERSHIP DISCLOSURE: List below any other grocery stores located in the State of Louisiana owned by the same owner(s) making application for this store. If the same owner(s) does not own any WIC-authorized stores in Louisiana but does in another state, please list those. If more space is needed, please complete on a separate page and attach to this application. Please list all stores that are considered Above-50 for WIC, even if they are in another State.

Store Name:	Store Address:	WIC Vendor # (if Currently Authorized)	Is Store Above-50 for WIC (including in another State)	FNS/SNAP ID # (if Currently Authorized)

Vendor Applicant's Initials _____

Part 3. STORE HISTORY			
When did the store open or is scheduled to open for business under Applicant's ownership? _____ (mm/dd/yyyy)			
Length of time you have owned and operated this business (Years/Months) : _____			
Was there a grocery/store business at this location prior to the current ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, complete the next line.			
Previous Business Name:	Name(s) of Previous Owner(s):	Was the business WIC Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of change of ownership or last known date that the store was open. (mm/dd/yyyy) _____
PRIOR RELATIONSHIP DISCLOSURE: Do any of the owners, managers or employees have any relationship with the previous business owners? Relationship would include (but not be limited to): partner, share/stock holder, member of immediate or extended family, corporate officer, manager, employee or other type of relationship. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the next lines. If more space is needed, please complete on a separate page and attach to this application.			
Current Business Person's Name:	Is/ Was Related to (include name and title):	How?	

Part 4. STORE OPERATIONS INFORMATION		
Level of Service Please indicate if the store wishes to be designated to accept and redeem homeless package food instruments. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Louisiana Retail Permit Number:	Square Feet of Retail Space:	Can Cash Register(s) perform Split Tender Transactions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Cash Registers **	How Many Registers Have Scanners?	Can the Scanners Identify WIC eligible Foods? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the owner/applicant:		
1. have access to and utilize a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. have access to and utilize the internet such that it will facilitate communicating electronically with the Louisiana WIC Program as well as downloading and uploading electronic documents to/from the WIC Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. have access to and utilize an e-mail account capable of sending electronic communications to and receiving from the Louisiana WIC Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the store provide itemized receipts to customers showing:		
1. the date of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. descriptions of each item purchased <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. the quantity of each item purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. and the total sale amount? <input type="checkbox"/> Yes <input type="checkbox"/> No		

** LA WIC defines a cash register as a point of sale device that is capable of processing a WIC transaction. This would include fixed cash registers as well as any mobile devices with similar capabilities to process a retail sales transaction.

Part 4. STORE OPERATIONS INFORMATION (Cont'd)						
Days and Hours of Operation:						
DAY	FROM (OPEN)	TO (CLOSE)	CHECK IF OPEN 24 HOURS			
Sunday	A.M.	P.M.	<input type="checkbox"/>			
Monday	A.M.	P.M.	<input type="checkbox"/>			
Tuesday	A.M.	P.M.	<input type="checkbox"/>			
Wednesday	A.M.	P.M.	<input type="checkbox"/>			
Thursday	A.M.	P.M.	<input type="checkbox"/>			
Friday	A.M.	P.M.	<input type="checkbox"/>			
Saturday	A.M.	P.M.	<input type="checkbox"/>			
Is the store open for a minimum of 6 days per week, with a minimum of 48 hours open to the public? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>						
SUPPLIER INFORMATION: Please provide the name(s) and location(s) of your Wholesaler(s) or Distributor(s) where WIC foods are purchased. Please also indicate the Wholesaler(s) or Distributor(s) where you purchase infant formula. Use the last column to indicate this by marking (X) next to all providers where you purchase infant formula.						
Wholesaler's or Distributor's Name	Street Address	City	State	ZIP Code	Telephone	Formula Provider?
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
Full-Line Grocer: LA WIC defines a Full-Line Grocer as a store that carries the following items:						
5 or more varieties of cereal with 3 or more units of each variety			4 or more varieties of fresh vegetables with 5 or more units of each variety			
3 or more varieties of bread or tortillas with 6 or more units of each variety			4 or more varieties of fresh meat, poultry or fish 5 or more units of each variety			
2 or more varieties of rice with 3 or more units of each variety			3 or more varieties of fresh dairy products with 5 or more units of each variety			
4 or more varieties of fresh fruits with 5 or more units of each variety						
Does your store carry the above listed items in the varieties and quantities listed? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Part 5. BANKING INFORMATION: Verify your routing and account number with your bank or corporate office before completing this section.				
Bank Name and Branch	Name on Account	Routing Number	Account Number	
Address	City	State	ZIP	Telephone

Part 6. STORE SALES INFORMATION: In accordance with Federal WIC Regulations, Louisiana's WIC Program is required to evaluate annual food sales and the amount of revenue that's expected to be derived from WIC and other sources. All food sales information requested below is based on the sale of SNAP-eligible items to any customer. See the attached Food Sales Fact Sheet for additional info on eligible items.

Annual Gross Sales

GIVE YEARLY (NOT MONTHLY) AMOUNT:

Provide the total of all food and non-food sales for the last tax year. If the store was not open all of the last tax year or if the store has not been open for at least 12 months, provide an estimate of annual sales:

Check One: Actual Estimated Total Sales: \$ _____

Gross Total Food Sales: Please provide the appropriate information below.
(Answer either A or B and then answer C.)

- A. If the store has been in business for 12 months or more, list the **ACTUAL Gross Food Sales** from the previous tax year: \$ _____ You **MUST** provide copies of your Parish Sales Tax forms from the most recent quarter.
- B. If the store has been in business for less than 12 months at the time of application, provide the **ESTIMATED AND ANTICIPATED Gross Annual Food Sales:** \$ _____ Attach all available Parish Sales Tax forms.
- C. Provide last month's total SNAP Eligible food sales: \$ _____

WIC Sales:

Do you expect WIC sales to be more than 50% of your annual food sales revenue? Yes No

In the past 6 months, did the store redeem at least 50 WIC food instruments each month? Yes No

If the store was not WIC authorized for the past 6 months, do you expect to redeem at least 50 WIC food instruments per month? Yes No

Percent of Food Sales:

Using the **Gross Total Food Sales** figure entered above (A or B), indicate below (X) the percent of sales represented by the sale of staple foods (See Food Sales Fact Sheet attached for additional info on eligible items):

Less than 25% 26%-50% 51%-75% More than 75%

Using the **Gross Total Food Sales** figure entered above (A or B), what was the percent of your annual food sales for each of the following categories:

% SNAP % WIC % Cash, Credit, Debit

Supplemental Nutrition Assistance Program (SNAP) AUTHORIZATION INFORMATION

Is the store authorized to participate in SNAP: Yes No

SNAP Authorization Number _____

If not currently SNAP authorized, have you submitted an application for SNAP authorization? Yes No

Authorization Pending Date (mm/dd/yyyy) _____

Note: Vendor must be currently participating in the USDA Supplemental Nutrition Assistance Program (SNAP).

Part 7. FINES, DISQUALIFICATIONS AND CONVICTIONS: Have any of the owners, owners' spouses, representatives, agents, managers, employees or other persons who directly or indirectly participate in the operation of the grocery store in Louisiana or any other state:

- A. Been or employ any management personnel (including owners and co-owners) that have been disqualified, fined / assessed a civil money penalty (CMP) or been denied application by SNAP, WIC or any other USDA food program in the past six (6) years? Yes No
 - B. Been terminated from WIC authorization within the past year? Yes No
 - C. Accrued any fines (i.e. repayments, CMPs, forfeitures, enforcement penalties) owed to SNAP or the WIC Program? Yes No
- Are any of these fines unsatisfied/unpaid? Yes No
- D. Currently being charged with or have ever been convicted of a crime, or have a civil judgment (including tax warrants) entered against them? Yes No
 - E. Been or employ any management personnel (including owners and co-owners):
 1. formerly employed by a Vendor that was disqualified from **any USDA food program** within the prior six years; Yes No
 2. who have been convicted of any felony within the prior six years; Yes No
 3. who have been convicted of any Federal, State, or local tax violations within prior six years; Yes No
 - F. If you answered YES to any question above, for each action or conviction, provide the appropriate information below. If more space is needed, please complete on a separate page and attach to this application.

Person's Name and DOB (If Applicable)	Store/Business Name (If Applicable)	Description of Action (Terminated, Charged/Convicted including a description of the offense, penalty, disqualification, etc.)	Date	City	State

Part 8. SIGNATURES, CONFIRMATIONS AND AFFIRMATIONS: Complete application must have all required names and signatures, and must be notarized. If any of these are missing, the application will not be considered complete and will be returned to applicant.

AFFIDAVIT OF APPLICANT: Must be completed by the store owner, partner, corporate officer or other individual who has authorization to sign on behalf of vendor:

1. I have legal authority to apply for and sign this agreement seeking authorization for the vendor applicant to participate in Louisiana's WIC Program.
2. I have read the application, vendor agreement, and vendor guide provided to me. If authorized, I agree to comply with the requirements set forth in the application, agreement, vendor guide and all Federal and State Program requirements and regulations, and with any changes to the Program requirements or regulations made during the agreement period. Federal regulations governing the WIC Program can be found at <http://www.fns.usda.gov/wic/wic-laws-and-regulations>.
3. I assert that all the statements in this application are true. I understand that false statements made herein will result in the denial of authorization to participate in the WIC Program or rescission of the authorization should the information be found to be false after the store has been authorized.
4. I understand that this is only an application for authorization, and that NO WIC transactions may be accepted until and unless the Louisiana WIC Program notifies me in writing that WIC vendor authorization has been granted.

Full Legal Name of Individual Completing Application (PRINT OR TYPE) _____
Title (PRINT or TYPE)

Signature of Individual Completing the Application _____
Date Signed (mm/dd/yyyy)

Part 9. NOTARY PUBLIC: Unless the individual is personally known to the Notary Public, the individual must provide two forms of identification to the Notary Public. One must be a driver's license, passport, or Louisiana state identification card.

Sworn to and subscribed before me this _____ day of _____,
20_____ in the state of _____.

(Check one):
 My commission expires on (mm/dd/yyyy) _____
 My commission is for life.

Signature – Notary Public

