



Louisiana WIC Vendor Signature Authority Form
Louisiana Department of Health
Office of Public Health
Bureau of Nutrition Services



Instructions: Complete this form to authorize individual(s) to legally bind and contract on behalf of the business (Vendor/store) referenced in this form. Once completed, please return this form to LA WIC via email at LAWICVendor@la.gov. Contact LA WIC at 225-342-0725 if you have any questions.

SECTION I – Vendor/Store Business Information	
Legal Name of Business:	
Vendor/Store Name (d.b.a):	
Vendor/Store Physical Address: (include City, State, Zip)	

SECTION II – LLC, LLP, Partnership, or Sole Proprietorship Business Types ONLY
Complete this section if your Vendor/store is a Limited Liability Company, Limited Liability Partnership, Partnership, or Sole Proprietorship. Partnerships must complete the “% of Interest” column, and the percentage must total 100%. If your Vendor/Store is a Corporation, skip this section and proceed to Section III.

Current owner(s) and the percentage of ownership, if applicable.
 I hereby swear and affirm that I am an authorizing owner of the business (Vendor/store) referenced in Section I above, and hold the indicated percentage of ownership as specified below. By signing, I understand that I am clearly and unequivocally authorizing and directing the individual(s) listed below to sign contracts, contract amendments, and other related contract documents on behalf of the business (Vendor/store) referenced above.

Printed Name and Title of Owner	% of Interest	Signature of Owner	Date
Name:			
Title:			
Name:			
Title:			
Name:			
Title:			

Individual(s) being designated with signature authority.
 The individual(s) listed below have the legal authority to bind the business (Vendor/store) and contract on behalf of the business (Vendor/store) referenced in Section I above.

Printed Name and Title of Authorized Signatory	Signature of Authorized Signatory	Date
Name:		
Title:		
Name:		
Title:		

Section III: Corporation Business Types ONLY

Complete this section if your Vendor/store is a Corporation.

If your Vendor/store is a Limited Liability Company, Limited Liability Partnership, Partnership, or Sole Proprietorship, complete Section II, above.

Written Resolution of the Board of Directors

I hereby swear and affirm that I am an authorizing board member of the business (Vendor/store) referenced in Section I above. By signing, I understand that I am clearly and unequivocally authorizing and directing the individual(s) listed below to sign contracts, contract amendments, and other related contract documents on behalf of the business (Vendor/store) referenced above.

Printed Name and Title of Company Representative	Signature of Company Representative	Date
Name:		
Title:		
Name:		
Title:		
Name:		
Title:		

Individual(s) designated with signature authority.

The individual(s) listed below have the legal authority to bind the business (Vendor/store) and contract on behalf of the business (Vendor/store) referenced in this form.

Printed Name and Title of Authorized Signatory	Signature of Authorized Signatory	Date
Name:		
Title:		
Name:		
Title:		

Return this completed form to LAWICVendor@la.gov.

This authorization will expire three years from the date it is signed, upon expiration of the Vendor Agreement, or upon termination of the Vendor Agreement, whichever is sooner.

Bureau of Nutrition Services

Bienville Building ▪ 628 N. Fourth St. ▪ Bin #4 ▪ Baton Rouge, Louisiana 70802

Phone: (504) 568-8229 ▪ Fax: (225) 376-4674 ▪ www.ldh.la.gov

An Equal Opportunity Employer 7.02_VF2_LA WIC Signature Authority Letter_FY24

Eff. 05.2024