

CALIFORNIA WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM
APPLICATION FOR AUTHORIZATION OF RETAIL STORE AS WIC VENDOR

PLEASE TYPE OR PRINT CLEARLY

PRIVACY ACT STATEMENT: The information below is being requested by the California Department of Public Health (Department), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program). The information you provide in this application may be used: to determine whether a store will be authorized as a WIC vendor and able to accept WIC food instruments; to monitor compliance with Program regulations; for Program management; and to enforce penalties and sanctions as authorized by statute and regulation. The provision of an individual's full Social Security Number (SSN) is voluntary, but some parts of the application require the last 4 digits of an SSN. The full or partial SSN may be used only to identify WIC-authorized vendors and to locate store owners in WIC Program enforcement actions. Information provided in this application may be shared with the Department's agents, the U.S. Department of Agriculture (USDA), the U.S. Comptroller General, and persons investigating or prosecuting WIC or Supplemental Nutrition Assistance Program (SNAP) violations under federal, state, or local law.

Does this store ownership, as described in sections 3 through 5, currently have a Vendor Agreement with the Department?

SELECT ONE.

No, New WIC Contract Yes, 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 applicant acquire ownership of this store? (mm/dd/yyyy)

When did the store open or when is the store scheduled to open for business under applicant's ownership? (mm/dd/yyyy)

Federal Tax/Employer Identification Number (EIN):

Number of Registers. Enter the TOTAL number of registers in the store.

Enter the valid California Seller's Permit Number for the store you are applying for:

This store is/will be selling **ONLY** WIC-Authorized foods Yes No

Note: A California Seller's Permit is not required if the store is/will be selling only WIC authorized supplemental foods

Enter the date this store passed its most recent City or County health inspection: (mm/dd/yyyy)

Note: You must submit a copy of the store's 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).

APPLICATION FOR AUTHORIZATION OF RETAIL STORE AS WIC VENDOR (CONTINUED)

2. CALFRESH PROGRAM AUTHORIZATION INFORMATION (FOOD STAMP PROGRAM)

Is this store authorized to participate in the CalFresh Program/SNAP, formerly known as the Food Stamp 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 _____

3. STORE OWNERSHIP TYPE

Sole Proprietor Partnership Limited Partnership Limited Liability Company (LLC) Corporation

4. STORE OWNERSHIP INFORMATION

Company/Ownership Name

Federal Tax/Employer Identification Number (EIN)

Contract ID Number (if applicable)

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 OWNERSHIP IS A LIMITED LIABILITY COMPANY OR CORPORATION WITH A PARENT COMPANY(IES), PROVIDE THE FOLLOWING INFORMATION.

If there is more than one Parent Company(ies), you must submit the information for the additional Parent Company(ies) on a separate page and attach it to this application.

Name of Parent Company

Telephone Number

Street Address

City

State

Zip Code

Store Name

Store Address

Suite #

Store City

Store State

Store Zip

APPLICATION FOR AUTHORIZATION OF RETAIL STORE AS WIC VENDOR (CONTINUED)

6. STORE OWNERSHIP DISCLOSURE

You must complete this section by providing information about the store's management and ownership structure, including store managers as well as partners, LLC members, LLC managers, and corporate directors, executives, or officers who are part of the ownership structure. If there are more individuals in the vendor management or ownership structure than can be included in the space provided, you must submit the information on a separate page and attach it 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

Store Name

Store Address

Suite #

Store City

Store State

Store Zip

APPLICATION FOR AUTHORIZATION OF RETAIL STORE AS WIC VENDOR (CONTINUED)

In the past six (6) years, have any individual(s) in this store’s management or ownership structure, including store managers as well as ownership partners, LLC members, LLC managers, or corporate directors, executives, or officers, been convicted of 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 judgement(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:

Store Name

Store Address

Suite #

Store City

Store State

Store Zip

APPLICATION FOR AUTHORIZATION OF RETAIL STORE AS WIC VENDOR (CONTINUED)

8. SALES INFORMATION:

In accordance with 7 Code of Federal Regulations part 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 section, "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/SNAP 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.

\$ _____

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.

\$ _____

C. If the store has been in business for one year or more, you must attach the following documentation, whichever applies, to your application:

i. If the store files State, Local, and District Sales and Use Tax Return form(s) (Form 401-A2 and/or eFile return) with the California Department of Tax and Fee Administration (CDTFA), attach true, correct, and complete copies of the store's most recently filed CDTFA return(s) covering a 12-month period.

ii. If the store **DOES NOT** file State, Local, and District Sales and Use Tax Return forms with the CDTFA, attach true, correct, and complete copies of the store's monthly sales statements and inventory records documenting the store's total food sales for the most recent 12-month period.

9. PEER GROUP AND COMPETITIVE PRICE CRITERIA ASSESSMENT

For purposes of this section, "retail sales" means the total of your store's taxable and non-taxable sales.

The requested information will be used to assess the effectiveness of the California WIC Program's Peer Group System and Competitive Price Criteria in accordance with 7 Code of Federal Regulations part 246.12(g)(4)(ii)(C). Please provide the following information:

The store's total retail sales for the most recent 12 month period

\$ _____

The store's total taxable sales for the most recent 12-month period

\$ _____

The store's total sales to other retailers for the purpose of resale for the most recent 12 month period

\$ _____

Store Name

Store Address

Suite #

Store City

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APPLICATION FOR AUTHORIZATION OF RETAIL STORE AS WIC VENDOR (CONTINUED)

10. 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

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APPLICATION FOR AUTHORIZATION OF RETAIL STORE AS WIC VENDOR (CONTINUED)

11. 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:

For the 14-day period prior to the date the application was signed, 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 Shelf-Stable Bottled Juice		
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

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APPLICATION FOR AUTHORIZATION OF RETAIL STORE AS WIC VENDOR (CONTINUED)

12. CALIFORNIA WIC ELECTRONIC BENEFITS TRANSFER (EBT) CAPABILITY ASSESSMENT

Note: In accordance with WIC Bulletin Regulations section 70725, EBT Capability, all vendors and vendor applicants must obtain an EBT Capable Point of Sale (POS) System certified for use in California, use the EBT Capable POS System for all WIC EBT Transactions, and maintain the EBT Capable POS System in manner that complies with relevant federal requirements.

An EBT Capable Terminal, such as a standbeside terminal from Fidelity National Information Services, Inc. (FIS), is considered an EBT Capable POS System if it meets the criteria in WIC Bulletin Regulations section 70725.

Pursuant to WIC Bulletin Regulations section 70300, subsection (a)(2), a vendor's EBT Capable POS System is considered a cash register system, also known as an Electronic Cash Register (ECR) System.

1. EBT CAPABILITY

Does this store location use EBT Capable POS System(s)/Terminal(s)/ECR System(s) to process all WIC transactions?

Yes No

2. POS SYSTEM SALES

Provide the following information about this store location's POS System.

System Name: _____

Version: _____

Provider/Company: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

If you do not know the answer to any of the questions above, leave the space blank and a member of our Vendor Intake Unit will follow up with you as necessary.

In the table below, enter the requested information about this store location's POS System. If this store location uses an integrated POS System that is interconnected and allows communications between multiple POS Terminals and this location's back office software, complete Section A. If this store location uses one or more stand-beside POS Terminal(s) as its POS System(s) and each POS System is separate from, and cannot communicate with, this location's cash register system, back office software, or other stand-beside POS Systems, complete Section B.

Continue on next page.

Store Name

Store Address	Suite #	Store City	Store State	Store Zip
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APPLICATION FOR AUTHORIZATION OF RETAIL STORE AS WIC VENDOR (CONTINUED)

SECTION A: Integrated POS System	SECTION B: Stand-Beside POS System
<p>1. Who is the Third-Party Processor for this store location's integrated POS system?</p> <p><input type="checkbox"/> World Pay</p> <p><input type="checkbox"/> FiServe</p> <p><input type="checkbox"/> Other _____</p> <p>2. Do all registers at this store use the <u>same</u> POS system?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If No, you must submit the POS System details and Third-Party Processor information for each additional POS System in use at this store location on a separate page and attach it to this application.</p>	<p>1. Does this store location use stand-beside POS System(s) from FIS?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If No, you must identify the brand of stand-beside equipment used to process WIC transactions:</p>

Store Name _____

Store Address	Suite #	Store City	Store State	Store Zip
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APPLICATION FOR AUTHORIZATION OF RETAIL STORE AS WIC VENDOR (CONTINUED)

13. CERTIFICATION

- I am applying for my store to be authorized to accept the WIC Card in exchange for WIC authorized supplemental foods.
- I have read and understand the laws and regulations that govern the WIC Program, including: Title 7, Code of Federal Regulations, part 246; California Health and Safety Code, sections 123275 et seq.; Title 22, California Code of Regulations, sections 40601 et seq.; and the California Women, Infants, and Children Program Bulletin Regulations (WIC Bulletin Regulations).
- I agree that all store owners and all store employees must comply with WIC Program regulations and the terms of the Vendor Agreement for the duration of the agreement.
- I understand that the California WIC Program may terminate my store’s authorization or disqualify my store as a result of violations of Title 22, California Code of Regulations, sections 40740 or 40741, or the WIC Bulletin Regulations, sections 70000 et seq.
- I understand that the California WIC Program may terminate my store’s authorization for any change of ownership, change of a vendor location, or cessation of operations.
- I understand that I have the right to appeal the California WIC Program’s denial of authorization for my store, if applicable, within 30 days of receipt of the written notice of denial.
- I understand that I cannot assign or subcontract any vendor duties under the Vendor Agreement.
- I certify that all information provided 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.

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
Ownership Name				Date
Ownership 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.