

WEST VIRGINIA WIC PROGRAM

The West Virginia State WIC Program appreciates your interest in becoming a WV WIC Food Vendor. The primary purpose of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is to make health and nutrition services, including supplemental foods, available to eligible participants. Supplemental foods are prescribed by a nutritionist to nutritionally "at-risk", pregnant, postpartum and breastfeeding women, infants up to one year of age and children to the age of five.

WIC foods reduce the complications of pregnancy due to poor nutrition, and promote the healthiest birth, growth and development of children. WIC participants receive drafts which list the prescribed food and the quantities to be purchased. These drafts are acceptable only at authorized vendors, and are redeemed by the vendor for payment through the banking system. The cooperation of vendors is vital to ensure the purchase of the exact food package prescribed.

This form is the WIC Vendor Authorization application. Please complete **all sections** of the application, following the directions. **Incomplete applications will be returned to your store for completion.**

After the completed application form is received by our office, an unannounced visit to the store site by a representative of the State WIC Program will occur. The representative will note the prices of WIC stock to determine if store prices fall within our allowable limits, the amount of WIC stock present in the store, examine licenses and store sanitary conditions, freshness of WIC foods, and perform other verifications to ensure that the fundamental requirements of program participation are met. The representative will also advise and guide the prospective vendor on applicable WIC rules.

The final step in the authorization process is attendance at a training session prior to becoming an authorized WIC vendor.

Completion of this application does NOT constitute approval to redeem WIC drafts in your store. Return completed application to:

WV WIC Program
Vendor Management Unit
350 Capitol Street, Room 519
Charleston, WV 25301-3717

If you have any questions, please telephone the Vendor Management Unit at (304) 558-1115 or Fax (304) 558-1541.

WEST VIRGINIA WIC PROGRAM
Supplemental Food Program for Women, Infants and Children
Vendor Authorization Application

This application form is used by the West Virginia WIC Program to process requests for WIC Authorization from West Virginia retail grocers and pharmacies. Any false information submitted on this application will result in denial or disqualification from participation in the West Virginia WIC Program. Disqualification from the WIC Program may result in withdrawal of authorization by the Food Stamp Program. The Owner(s) or Manager must complete this form in its entirety, and are responsible for the submitted information.

PLEASE PRINT OR TYPE

DO NOT WRITE IN SHADED AREAS

A. Store Location Information		
1. Store Name (DBA)		
2. Mailing Address		
3. City	4. State	5. Zip
6. Street Address (If Different) (No P.O. boxes)		
7. County	8. Telephone ()	9. Fax ()
10. Store E-mail Address (if applicable):		
11. Manager Name (s)		
12. Directions to Store (Please provide specifics-attach extra sheet if necessary):		
B. Tax Information		
1. How is the Business Registered with the WV State Tax Department? (Circle One)		
Corporation	Partnership	Sole Proprietorship
2. Give the Name of the Business Entity as Registered with the WV Tax Department:		
. Is the store up to date with payments to Workers' Compensation and the Bureau for Employment Employment Programs? Y N If no, attach copy of repayment agreement.		
C. Store Operations		
1. Number of Checkout Lanes/Cash Registers: _____ Scanner Registers : Y N Identifies WIC Foods: Y N		
2. Is a Pharmacy Included in Store? Y N		
3. Estimate the Size of the Store in Square Feet:	4. Days of the Week Store is Open: _____	
	5. Hours of Operation: From: _____ To: _____	
6. Gross Food Stamp Sales in Last Year \$		
7. Gross Food Sales in Last Year (Amount listed for previous year's tax) \$		
8. Gross WIC Sales in Last Year \$		
9. Is it expected that more than 50% of your annual revenue from the sale of food items will be derived from the sale of WIC drafts? Y N		

D. Licensing

1. West Virginia Tax Number: | W | V | | | | | | | | | | | | |

2. Food Stamp Authorization Number: | | | | | | | | | | | | |

3. Sanitation Permit Number:

E. Wholesalers/Suppliers - List Primary Supplier First, then Other Suppliers, then Dairy

Business Name and Contact Person	Address, City, State	Telephone
1.Primary		()
2.Primary		()
3.Secondary		()
4.Secondary		()
5.Dairy		()
6.Formula		()

F. Ownership Information

1. List All Current Owners. If Corporate, List Headquarters.

Name	Full Address	Phone
		()
		()
		()

(Attach Additional Sheets if Necessary)

2. When Did the Store Open for Business Under the Above Ownership at this Location? / /

G. HISTORY - List any Current Owner(s) that Has Ever Been Fined or Disqualified by WIC or the Food Stamp Program Or Who are Currently Undergoing an Appeal Process Involving Potential Disqualification and/or Fines by either WIC or Food Stamps. If None, Write "None"

Name	Store Name	Type of Action and Date

During the past six years, has any current owner, officer, or manager at your store been convicted of or had a civil judgement for any of the following activities: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice? **(circle one)** Y N If yes, please specify the name of the owner, officer, or manager and the activities involved.

Name	Title	Type of Action and Date

H. EMPLOYEE AUTHORIZATION - List Who, in the Store, (By Name and Title) is Authorized by the Owners to Sign Documents, Agreements, and Otherwise Act in an Official Capacity with the WIC Program.

1.	3.
2.	4.
5.	6.

I. .VENDOR AUTHORIZATION IN OTHER STATES – If your store is authorized by another state (other than WV) to participate as a WIC vendor, please complete this section.

The state (other than WV) from which you accept WIC drafts/vouchers/coupons.

1. Gross food stamp sales in last year for that state	\$
2. Gross food sales in last year (amount listed for previous year's tax) for that state	\$
3. Gross WIC sales in last year for that state	\$

SIGNATURES

The owner(s) and management of _____ understand that:
(Enter Store Name)

1. Completion of this application form does NOT constitute approval to accept WV WIC drafts.
2. Store personnel must attend training as mandated by the State WIC Agency and federal regulations.
3. Only those foods that are designated as WV WIC Approved Foods may be sold to WV WIC participants, in no more than the quantity and variety specified on each draft, and that prices charged for these foods may not exceed the price charged to other customers.
4. The store must maintain WV WIC approved foods in the quantities and varieties as specified on the Minimum Stock Grid. Also, that the stock which is in the store on the date of the store site evaluation will be the only stock which is counted towards the minimum stock requirements to obtain vendor authorization.
5. The prices charged by the store for WV WIC purchases must be at or below the designated ceiling price for that food package, that the prices that appear on WV WIC items on the date of the site evaluation will be those prices which are used to determine store prices, and that temporary sale prices may not be used for this pricing determination.
6. Authorized WV WIC personnel must be given access to all areas of the store, and to WIC related food receipts and records.
7. New applicant vendors who expect to derive more than 50 percent of their annual revenue from the sale of food items for WIC food drafts will not be authorized as a WIC vendor.
8. WIC approved infant formula must be purchased from a manufacturer, wholesaler, distributor or retailer on the approved list provided by the WV WIC Program to ensure product integrity. The vendor must notify the State WIC Program within 30 days if the primary source of their WIC Approved formula has changed from what was reported at the time of application. The vendor must maintain inventory records for WIC approved formula purchases for two years and make the records available to the WV WIC Program within 30 days of the request.

Certification and signature of owner (or person having the authority to apply on behalf of the store).

1. I have authority to enter into agreements, sign official documents, and otherwise act in an official capacity for this store.
2. I understand that I (or another authorized employee as listed) agree to attend a training session regarding WIC Regulations, both State and Federal, (should the store qualify for WV WIC authorization) and to subsequently train store employees on these WIC Regulations.
3. I accept responsibility on behalf of this store for WIC regulation violations committed by the store's owners, officers, managers, employees, agents, representatives, including new employees, part-time employees, and unpaid employees, and understand that any sanctionable action committed by any of these individuals will be assessed against the store.
4. I understand that the WV WIC Program may not authorize a vendor applicant that is currently disqualified from the Food Stamp Program or that has been assessed a civil money penalty for hardship and the disqualification period that would otherwise had been imposed has not expired. I understand that disqualification from the Food Stamp Program will result in disqualification, and termination of vendor agreement, from the WV WIC Program and that this disqualification is not subject to administrative or judicial review under the WV WIC Program. Further, I understand that disqualification from the WV WIC Program may result in disqualification from the Food Stamp Program and that this disqualification is not subject to administrative or judicial review under the Food Stamp Program.
5. I understand that as provided in WV Code §21A-2-6(18) the WV WIC Program may not enter into a vendor agreement if the vendor is in default with the State's Worker's Compensation and/or the Unemployment Compensation benefits. By signing this application, I, the undersigned confirm that this business entity is in compliance with the laws governing the above stated programs.
6. I understand that the WV WIC Program will immediately terminate the vendor agreement if it determines that the vendor has provided false information in connection with its application for authorization.

7. I certify that the information submitted on this application is true and complete to the best of my knowledge.
8. I understand that my store's name will be posted in a county listing of authorized WIC vendors on the WIC Program's website (www.wvdhhr.ons.org), unless I provide a written request to the WIC Program stating that I do not wish for my store to be included in the list.

Signed	Date
Print Name	Title

In accordance with Federal Law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TTD). USDA is an equal employment opportunity employer.