



Department of Health and Human Services  
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## Maine CDC WIC Nutrition Program Authorized Infant Formula Supplier List

Maine WIC's list of approved infant formula wholesalers, distributors, and retailers; or manufacturers registered with the U.S. Food and Drug Administration who may supply infant formula for sale to WIC customers.

Wholesaler	Address	City	State	Zip	Phone
Associated Grocers of New England (AGNE)	11 Cooperative Way	Pembroke	NH	03275	603-223-6710
Auburn Merchandise Distributors	355 Maine St	Whitinsville	MA	01588	508-234-9000
Bozzuto's Inc.,	275 Schoolhouse Rd	Cheshire	CT	06410	203-272-3511
BJ's Wholesale Club, Inc. locations	25 Research Dr	Westborough	MA	01582	774-512-7400
C & S Wholesale Grocers	7 Corporate Dr	Keene	NH	03431	603-357-7301
Capitol Candy Co. Inc. Wholesalers	32 Burnham St	Barre	VT	05641	800-639-2224
Hannaford /Delhaize Distribution	145 Pleasant Hill Rd	Scarborough	ME	04074	800-213-9040
HD Smith Wholesale Drug Co.	8 Marin Way	Stratham	NH	03885	603-778-1015
Market Basket, Inc / DeMoulas	10 Main St	Tewksbury	MA	01876	978-851-8000
Mead Johnson	2400 West Lloyd Expressway	Evansville	IN	47721	812-429-5000
Pine State Trading Co.	47 Market Street	Gardiner	ME	04345	207-622-3741
Sam's Club, locations	2101 SE Simple Savings Drive	Bentonville	AR	72716	800-331-0085
Save a Lot Distribution Center	1 Van Bergen Lane	W. Coxsackie	NY	12192	518-731-1300
Shaw's, Wells Distribution Center	RR 109	Wells	ME	04090	207-646-9616
Town and Country Foods	72 Daggett Hill Road	Greene	ME	04236	800-773-9710
Wal-Mart and/or Distribution	31 Alfred Plourde Parkway	Lewiston	ME	04240	207-344-2700

Each vendor must maintain inventory records for a period of at least three years. These inventory records include but are not limited to: 1) inventory records showing all infant formula purchases, wholesale and retail, in the form of invoices identifying the wholesale or retail quantity and prices; 2) transfer records showing origination, destination, and quantity; 3) sales and use tax return; 4) books of account; and 5) other pertinent records necessary to substantiate the volume and the prices charged through WIC food instrument redemption and for determination and verification of whether vendor is an above-50-percent vendor.

On behalf of \_\_\_\_\_  
Store Name

\_\_\_\_\_  
Vendor Number                      City                      Owner Name                      Ownership Type

I request the following infant formula supplier be added to the authorized supplier list.

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ / /  
Authorized Vendor Print                      Authorized Vendor Signature                      Date

<b>WIC USE ONLY</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied    Processor: _____    Date: _____
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