



Department of Health and Human Services
 Maine Center for Disease Control and Prevention
 286 Water Street
 11 State House Station
 Augusta, Maine 04333-0011
 Tel.: (207) 287-8016; Fax: (207) 287-9058
 TTY Users: Dial 711 (Maine Relay)
 WIC Nutrition Program
 Tel. (207) 287-3991 or (800) 437-9300
 Fax: 207-287-3993

WIC Vendor Application

* = Required Field Incomplete or unsigned application may delay authorization. * = Required Field

*TYPE OF REQUEST

New WIC Application
 Renewal WIC Application, Complete by **October 1st** Vendor no. _____

*OWNERSHIP TYPE (MARK ONE)

Corporate
 Sole Proprietorship
 Partnership
 Government
 Other: _____

*TYPE OF AUTHORIZATION

Retail Food Vendor - licensed by the Maine Department of Agriculture (AG) that has no pharmacy on its premises
 Franchise Name _____
 Independent
 Convenience Store
 Grocery Store

Retail Food Vendor with Pharmacy –licensed by AG & Commission of Pharmacies under the same ownership on the same premises
 Franchise Name _____
 Independent

Pharmacy Vendor- registered through the Maine Commission of Pharmacies that is not operating as a food vendor
 Franchise Name _____
 Independent

*BUSINESS INFORMATION

*Business Name: _____

*Physical Location Address: _____

*City: _____ *State: _____ *ZIP Code: _____

Business Mailing Address (if different): _____

*City: _____ *State: _____ *ZIP Code: _____

*Phone: () - Fax: () - E-mail: _____

Store Contact Name: _____ Job Title: _____

*Owner's Name 1: _____ WIC stores Owned _____ Non-WIC stores Owned _____

Mailing Address: same _____

Phone: () - Cell: () - E-mail: _____

*Owner's Name 2: _____ WIC stores Owned _____ Non-WIC stores Owned _____

Mailing Address: same _____

Phone: () - Cell: () - E-mail: _____

*Does the applicant own the real estate where the store is located? Yes No

*Is your store in a Permanent Fixed Location? Yes No *SSN:/ Federal ID: _____

*Number of Cash Registers _____ Number of Cashiers: _____ Do Cash registers flag WIC items? Yes No

For questions contact us at:
 Ph.: 1-800-437-9300 or E-mail: WIC.Maine@Maine.gov



For Resources visit: www.WICforME.com

Do cash registers use optical scanning devices recording product & price information on the customer receipt? Yes No

*Will you derive more than 50% of your annual food sales from the sale of WIC foods? Yes No

*Date Store opened for business ____ / ____ / ____ *Square Footage of **Selling Space** devoted to Grocery Sales: _____

*Is your Store Authorized to Accept Food Stamps? No Pending Yes *SNAP Authorization Date: ____ / ____ / ____

*FNS No.(seven digits): _____ Kosher Foods Yes-Some Yes-Primarily No

Do you use a stand beside machine to process SNAP payments? Yes No

***ANNUAL SALES (JAN 1 TO DEC 31) OF LAST TAX YEAR**

| | | | | | |
|--|-------------|----------|------------------------------|----------------|----------|
| Food Sales | SNAP | \$ _____ | Non-Food Sales | Alcohol | \$ _____ |
| | WIC | \$ _____ | | Tobacco | \$ _____ |
| | *Other Food | \$ _____ | | Other Non-Food | \$ _____ |
| * <input type="checkbox"/> ATTACHE LAST TAX YEAR DOCUMENTATION | | | *Total Annual Sales \$ _____ | | |

BUSINESS HOURS *OPEN to CLOSE*

| | | | | | | | |
|--------|-------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Sun: | Mon: | Tue: | Wed: | Thur.: | Fri: | Sat: |
| SPRING | ____ to ____ | ____ to ____ | ____ to ____ | ____ to ____ | ____ to ____ | ____ to ____ | ____ to ____ |
| SUMMER | <input type="checkbox"/> same | ____ to ____ |
| FALL | <input type="checkbox"/> same | ____ to ____ |
| WINTER | <input type="checkbox"/> same | ____ to ____ |

***SUPPLIER INFORMATION (NAME & ADDRESS)**

*Wholesaler 1: _____
 *Infant Formula: _____ *Local Dairy: _____
 Another Retail Grocery _____ Other _____

***BANK INFORMATION**

*Bank Name (Where WIC Checks Will Be Deposited): _____
 Bank Address _____
 City: _____ State: _____ ZIP Code: _____
 Phone: () - _____ Fax: () - _____
 *Bank (Checking) Account Number: _____
 *Bank's ABA Transit Routing Number (nine digits): _____

***BUSINESS INTEGRITY**

Has the corporate entity, current owner, officer, manager, or any other individual who directly or indirectly participates in the operation of the store ever been denied participation, cited for non-compliance, involuntarily withdrawn, been disqualified, or fined by the Food Stamp Program, in Maine, or any other state within the past six years or ever been permanently disqualified?
 No Yes

Has the corporate entity, current owner, officer, manager, or any other individual who directly or indirectly participates in the operation of the store ever been convicted of or had a civil judgment entered against him for fraud, antitrust violations, embezzlement, theft, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice? No Yes

I understand it is my responsibility as a vendor to obtain and pay for the services of an interpreter.

Interpreter services need? No Yes _____
Interpreter Name *Date*

I hereby certify that I have the authority to contract for the business and all information submitted on this form is accurate and complete. I understand that this application does not guarantee selection and authorization to participate in the Maine WIC Nutrition Program. The prices listed are my current actual shelf prices. No conflict of interest exists between my business and any WIC agency. I understand that if this store is selected for authorization, I will be bound by the rules and regulations of the WIC program:

I understand that any false statements made in connection with this application may be grounds for denial of the application or termination of the location as an authorized WIC Vendor.

*Print

*Signature

*Date