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) 287-3991; Fax: (207) 287-3993
TTY Users: Dial 711 (Maine Relay)

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor Ricker Hamilton, Acting Commissioner

Maine WIC Vendor Application for Authorization

All questions on the application must be answered. Incomplete applications will be denied.

TYPE OF APPLICATION

☐ **New Vendor**- Attach a copy of proof of business ownership. Examples include, but are not limited to:
-Bill of sale; -Lease agreement (business and/or building); -Franchise agreement;
-Offer to purchase or purchase agreement; - Deed (business and/or building)

☐ **Currently Authorized WIC Vendor** with Agreement Expiring November 30th of this year.
Submit by **September 30th** Vendor no. ___ ___ ___ ___

BUSINESS IDENTIFICATION

Business Name: _____

Name on Store Sign: _____

Physical Location Address: _____

City: _____ County: _____State: _____ZIP Code: _____

Phone: _____ Fax:_____ Website:_____

Business Mailing Address (if different): _____

City: _____ State: _____ ZIP Code: _____

E-mail:_____Preference for receiving information updates: ☐ e-mail ☐ regular mail

In Store Primary Contact Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail:_____

BUSINESS OWNERSHIP

You must complete this section for the vendor ownership or management including store managers, partners, corporate officers, LLC Members, LLC managers, and corporate directors.
If there are more individuals in the vendor ownership or management than the space provided, submit the information on a separate page attached to this application.

Check one:
☐ Corporate ☐ Sole Proprietorship ☐ Partnership ☐ Government ☐ Other:_____

Name:_____Title:_____# of WIC stores owned____# of non-WIC stores owned_____

Mailing Address:_____

Phone: _____Cell: _____E-mail:_____

Name:_____Title:_____# of WIC stores owned____# of non-WIC stores owned_____

Mailing Address:_____

Phone: _____Cell: _____E-mail:_____

LICENSES

RETAIL FOOD ESTABLISHMENT LICENSE:

Department of Agriculture, Conservation and Forestry License Number: _____

Expiration Date: _____

☐ Attach a copy of the license

HEALTH INSPECTION REPORT

Date of last Inspection: _____

☐ Attach a copy of the store's most recent health inspection report

SNAP AUTHORIZATION

Is your store authorized by USDA Food and Nutrition Service to accept SNAP? ☐ Pending ☐ Yes ☐ No

Enter the FNS Number found on your SNAP permit.

(seven digits):____ ____ ____ ___ ___ ___ ___ Authorization Date: _____

☐Attach a copy of the permit

Has this store ever been denied SNAP authorization, involuntarily withdrawn, disqualified, or assessed a Civil Money Penalty for SNAP violations? ☐ Yes ☐ No

If yes, attach an explanation identifying the nature of the violation(s), date of denial/penalty imposed, and the effective date of the penalty.

BUSINESS INFORMATION

Date store opened for business under this ownership? _____

Has this store been open to the public for at least one year? ☐ Yes ☐ No

Is this store open for business at least ten hours per day, six days per week? ☐ Yes ☐ No

Square feet of sales area for grocery/food items (excluding administrative and storage area): _____

Is your store in a permanent location that includes refrigeration and freezer equipment in retail area?
☐ Yes ☐ No

Is there a pharmacy located within the confines of the store? ☐ Yes ☐ No

Is pharmacy able to provide medical formula within 48 hours of request? ☐ Yes ☐ No

Are all items for sale in the store clearly marked with prices, or are prices clearly indicated with shelf labels or other signage? ☐ Yes ☐ No

Types of payments accepted in this store: ☐ Cash ☐ EBT/SNAP ☐ Debit ☐ Credit ☐ Check

Number of Registers: _____ Number of Cashiers: _____

Does your cash register system scan UPC codes? ☐ Yes ☐ No

If yes:

Do your cash registers record product descriptions and UPCs on customer receipts in addition to price?
☐ Yes ☐ No

Are your cash registers set up to detect WIC eligible foods? ☐ Yes ☐ No

BUSINESS HOURS

From _____ to _____

Sun:	Mon:	Tue:	Wed:	Thur.:	Fri:	Sat:
____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____

From _____ to _____

Sun:	Mon:	Tue:	Wed:	Thur.:	Fri:	Sat:
____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____

SALES INFORMATION

WIC SALES

Do you expect WIC sales to be more than 50% of your total annual non-taxable foods sales? ☐ Yes ☐ No

☐ Attach copies of the most recent four quarters of Sales and Use Tax Reports as submitted to the Maine Revenue Services. If in business for less than one year, provide all Sales and Use Tax Reports filed.

Total Annual Gross Sales $ _____

Food Sales SNAP $ _____ WIC $ _____ Other Food $ _____

Non-Food Sales $_____

SUPPLIER INFORMATION

INFANT FORMULA SUPPLIER INFORMATION

WIC requires all authorized vendors to purchase infant formula from licensed wholesalers, distributors, retailers, or FDA-approved manufacturers. Our Authorized Infant Formula Supplier List is attached to this form on page 7.

Provide the following information for the primary infant formula supplier for this store. If more than one supplier is used, attach an additional page to the application with the requested information:

Check one: ☐Manufacturer ☐Distributor ☐Wholesaler ☐Retailer

Name:_____

Address: _____

Phone:_____ E-mail: _____

☐ Attach a copy of the most current invoice.

PRIMARY DAIRY SUPPLIER

Name:_____

Address:_____

Phone:_____ E-mail: _____

OTHER GROCERY SUPPLIER

Name:_____

Address:_____

Phone:_____ E-mail: _____

FRUIT AND VEGETABLE SUPPLIER

Name:_____

Address:_____

Phone:_____ E-mail: _____

FOOD STOCK

MINIMUM STOCKING

WIC requires all authorized vendors to stock a minimum inventory of WIC approved foods at all times. Our WIC Minimum Stocking Requirement list is attached on page 8.

Does your store meet the WIC Minimum Stocking Requirement? ☐ Yes ☐ No

PRICE SURVEY

Provide us with your store's highest price for WIC-approved items in the categories. Price Surveys are used to determine the Maximum Allowable Reimbursement (the highest price we will pay you) for each WIC-approved food category and to determine if a store meets WIC's pricing parameters to be authorized.

☐ Complete Price Survey on page 9 and 10.

STOCKING OTHER FOODS

All vendors, except pharmacies, must carry staple food items in addition to their WIC approved foods. These items are considered non-WIC inventory. Non-WIC inventory includes dried, frozen, canned/jar, boxed, fresh, and refrigerated foods that are meant for home preparation. These foods do not include prepared foods or accessory foods, such as candy, condiments, spices, tea, coffee, or carbonated and un-carbonated drinks.

Does your store carry non-WIC inventory intended for home preparation and consumption, including:

1) Fresh or frozen uncooked meat, fish, poultry, or meat substitutes; ☐ Yes ☐ No
2) Whole grain bread and cereal products; ☐ Yes ☐ No
3) Dairy or dairy-substitute products; and ☐ Yes ☐ No
4) Fresh fruits and vegetables. ☐ Yes ☐ No

Are Kosher Foods available at this store? ☐ Yes ☐ No

BANK INFORMATION

Bank Name (Where WIC Checks Will Be Deposited):_____

Phone:_____ Fax:_____

Bank's ABA Transit Routing Number (nine digits): ___ ___ ___ ___ ___ ___ ___ ___ ___

Bank (Checking) Account Number: _____

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 SNAP or WIC in Maine or any other state within the past six years or ever been permanently disqualified from SNAP or WIC?

☐ Yes ☐ No

Within the previous six years, has any owner, officer, or manager of the vendor applicant been convicted of, or had a civil judgment entered against them, for any activity indicating a lack of business integrity, including, but not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, tax violations, obstruction of justice, or computer or cybercrimes?

☐ Yes ☐ No

I understand it is my responsibility as a vendor to obtain and pay for the services of an interpreter, if one is needed. Are interpreter services need?

☐ Yes ☐ No

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 Name: _____ Signature: _____ Date: _____

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Maine CDC WIC Nutrition Program
Authorized Infant Formula Supplier List

A condition of the WIC Vendor Agreement is that all formula must be purchased from a supplier on this list.

WIC Vendors must maintain inventory records for a period of at least three years. These inventory records include inventory records showing all infant formula purchases, wholesale and retail, in the form of invoices identifying the wholesale or retail quantity and prices.

Wholesale or Retail Supplier	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	203-250-5377
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
Garber Brothers, Inc.	Route 139 Kay Way	Stoughton	MA	02072	800-242-0965
Hannaford /Delhaize	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	Route 109	Wells	ME	04090	207-646-9616
Wal-Mart and/or Distribution	31 Alfred Plourde Parkway	Lewiston	ME	04240	207-344-2700
Yell-O-Glow Corp	21 Arlington Street	Chelsea	MA	02150	317-394-0300

FDA-Registered Manufacturers	Address	City	State	Zip
Abbott Laboratories	3300 Stelzer Road	Columbus	OH	043219
Mead Johnson	2400 West Lloyd Expressway	Evansville	IN	47721
Nestle USA	12 Vreeland Road Box 697	Florham Park	NJ	07932
Nutricia North America	9900 Belward Campus Dr Ste 100	Rockville	MD	20850
PBM Nutritionals	652 Peter Jefferson Parkway Ste 300	Charlottesville	VA	22911
Prolacta Bioscience	757 Baldwin Park Blvd	City of Industry	CA	91746

You may request that another formula source be considered for addition to this list. Such a request does not guarantee the supplier will be added. Fax to (2017)287-3993 or email to wic.maine@maine.gov

On behalf of _____ _____
Store Name City

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

WIC Minimum Stocking Requirement—WIC-approved products only—effective October 1, 2016

Food Category and Page in Approved Food List	Description *Means only specific products on Approved Food List	Size	Quantity, Minimum Requirement
Fruits, p.10	Fresh or frozen or canned fruit	any	15 pounds total, 2 kinds
Vegetables, p.10	Fresh or frozen or canned vegetables	any	15 pounds total, 2 kinds
Infant Cereal*, p.11	Beech-Nut Baby Cereal*	8 ounce box	6 boxes, 2 kinds*
Infant Food*, p.11	Vegetables: Beech-Nut Classics*	4 ounce jar	32 jars total, 2 kinds*
	Fruits: Beech-Nut Classics*	4 ounce jar	32 jars total, 2 kinds*
Infant Food Meats*, p.11	Meats: Beech-Nut Classics*	2.5 ounce jar	24 jars total, 2 kinds*
Infant Formula	Similac Advance ® Similac Isomil® Similac Sensitive® Similac for Spit-Up® Similac Total Comfort®	12.0-12.4 ounce cans (dependent upon product)	24 cans of Similac powdered formula
Beans/Peas/Lentils, p.12	Beans/Peas/Lentils -Canned	15-16 ounce can	8 cans or 2 bags
	Beans/Peas/Lentils -Dry	16 ounce bag	
Eggs, p.12	Grade A- Any size, brown or white shells	dozen	2 cartons
Peanut Butter, p.12	Creamy, smooth, chunky, crunchy, or extra crunchy	16-18 ounce jar	2 jars
Fish Canned, p.12	Chunk or light tuna, pink salmon, or sardines	3.75-15 ounce cans, 6 ounce or larger pouches	60 ounces
Milk, p.13	Whole milk	gallon, half gallon, quart	4 gallons total, including at least 2 quart size containers
	1% or skim milk	gallon, half gallon, quart	4 gallons total, including at least 2 quart size containers
Cheese, p.14	Block, shredded or sliced of reduced fat or regular	8 or 16 ounces	32 ounces total
Whole Grains*, p.15-16	Whole wheat bread*	16 ounce loaf	2 loaves*
	Oatmeal*, soft shell whole grain tortillas*, whole wheat pasta*	16 ounce package	2 packages*
	Brown rice	14-16 ounce package	
Cereal*, p.17-18	WIC approved cereal*	12-36 ounce box	6 boxes, two kinds, at least 1 must be whole grain*
100% Juice*, p.19	Bottled juice*	64 ounce bottle	6 bottles, two kinds*
100% Juice Concentrate*, p.20	Frozen or liquid*	11.5-12 ounce can	6 cans, two kinds*

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Dear Vendor:

Please provide us with your store's highest price for WIC-approved items in the categories of foods shown below. Price Surveys are used to determine the Maximum Allowable Reimbursement (the highest price we will pay you) for each WIC-approved food and to determine if a store meets WIC's pricing parameters to be authorized. It is important that you complete the survey accurately, carefully and thoroughly. Refer to your Cashier Guide & Approved Food List to be sure the item you list is an approved food. Do not list foods or package sizes that are not WIC approved

Cashier Guide &Approved Food List

Email wic.maine@maine.gov if you would rather fill out and submit this information in a spreadsheet on your computer.

Name of Store: _____ **Maine Vendor #:** _____

Pricing Entered By: _____ **Date:** _____

Number of Cash Registers _____ **(Do Not Include Self-Serve Registers)**

ID	Formula	UPC	Price
1153	Similac Advance powder 12.4oz	7007455958	$
1158	Similac Advance concentrate 13 oz	7007456974	$
1156	Similac Advance RTF 32oz	7007453364	$
1160	Similac Advance RTF 6-pack	7007458613	$
1149	Similac Isomil powder 12.4oz	7007455964	$
1159	Similac Isomil concentrate 13 oz	7007456976	$
1157	Similac Isomil RTF 32oz	7007455968	$
1161	Similac Isomil RTF 6-pack	7007458603	$
1150	Similac Sensitive powder 12oz	7007457541	$
1154	Similac Sensitive RTF 32oz	7007457534	$
1162	Similac Sensitive RTF 6-pack	7007453677	$
1151	Similac for Spit-Up powder 12oz	7007450960	$
1155	Similac for Spit-up RTF 32oz	7007456731	$
1152	Similac Total Comfort powder 12oz	7007462600	$

Stores must stock 24 cans of Similac Powdered Formula. Please also provide prices for all additional forms of Similac products that your store carries. Refer to WIC Minimum Stocking Requirement for more information.

ID	Beech-Nut Baby Cereals	Page 8
330	Multigrain Cereal 8 oz. container	$
330	Oatmeal Cereal 8 oz. container	$
330	Rice Cereal 8 oz. container	$

Meats Fruits Vegetables

ID	Beech-Nut Classics Stage 2 F&V	Page 8
1134	Fruits 4 oz. jar	$
1134	Vegetables 4 oz. jar	$

ID	Beech-Nut Classics Stage 1 Meats	Page 8
1135	Beef and Beef Broth 2.5 oz. jar	$
1135	Chicken and Chicken Broth 2.5 oz. jar	$
1135	Turkey and Turkey Broth 2.5 oz. jar	$

REMINDER: Use **highest price** of WIC-Approved Foods only.

ID	Fruits and Vegetables Page 10	Fresh	Frozen	Canned
280	Type of product in store	☐	☐	☐

ID	Beans/Peas/Lentils page 12	Size	Brand	Type	Price
250	Fat-Free Refried beans	15-16 oz.			$
250	Canned	15-16 oz.			$
250	Dried	16 oz.			$

ID	Eggs Brand Full Dozen page 12	Type (White/ Brown)	Size (medium/large/extra large/jumbo)	Price
230				$

ID	Peanut Butter page 12	Brand	Type	Price
240	16-18 oz. jar			$

ID	Canned Fish in Water page 12				
270	Chunk or Light Tuna	5 oz. $	6 oz. $	12 oz. $	
270	Pink Salmon	5 oz. $	6 oz. $	14.75 oz. $	15 oz. $
270	Sardines	3.75 oz. $			

ID	Milk Type page 13	Quart = 32 oz.	Half Gallon = 64 oz.	Gallon = 128 oz.
1126	No fat (skim) or Lowfat ½% or 1% Milk	$	$	$
1129	1.5% or 2% Milk	$	$	$
60	Whole Milk	$	$	$
80	Nutrish		$	$
100	Lactose Free Skim or 1% (Highest priced)	$	$	
1133	Lactose Free 2%	$	$	
120	Lactose Free Whole		$	
140	Powdered Milk 9.6 oz.	$		
130	Powdered Milk 25.6 oz.	$		
150	Non-fat/Low fat/whole UHT-quart	$		
1122	Silk Soy refrigerated		$	
1122	8th Continent Soy Original refrigerated		$	
1123	Pacific Ultra Soy Original shelf stable	$		

Stores must stock skim or lowfat and whole milk. If you carry other types of milk listed here, please include your highest prices for those items.

Stores are not required to stock Tofu or Yogurt. If your store carries WIC-approved Tofu or Yogurt, please list your highest prices.

ID	Cheese Brand page 14	Type	Size	Price	Size	Price
210			8 oz.	$	16 oz.	$
210			8 oz.	$	16 oz.	$

ID	Tofu Brand page 14	Type(firm/extra firm/super firm)	Size	Price	Size	Price
220			8 oz.	$	16 oz.	$
220			8 oz.	$	16 oz.	$

ID	Yogurt page 14	Size	Brand	Flavor	Price
1147	Lowfat/ Nonfat	32 oz.			$
1148	Whole Milk	32 oz.			$

ID	Whole Grain page 15-16	Size	Brand	Type	Price
320	Brown Rice	14-16 oz.			$
320	Oatmeal	16 oz.			$
320	Tortillas	16 oz			$
320	Whole Wheat Pasta	16 oz.			$
320	Bread	16 oz.			$
320	Bread	24 oz.			$

ID	100% Juice page 19-20	Size	Brand	Flavor	Price
300	Bottled Juice	64 oz.			$
290	Frozen or Liquid Concentrate	11.5-12 oz.			$

ID	Breakfast Cereals Brand page 17-18	Type	Size	Price	Other Size Oz.	Price
310		Whole Grain	12 oz.	$		$
310			12 oz.	$		$