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Maine WIC Vendor Application for Authorization

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

New requirement: You must provide an email address and a text messaging phone number for your store.

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 1st**

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: _____

In Store Primary Contact Name: _____ Title: _____

E-mail: _____ Text message number: _____

Phone: _____ Fax: _____

BUSINESS HOURS

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

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

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: _____

Owner1: _____ **Title:** _____

Ownership Percentage: _____ # of WIC stores owned _____ # of non-WIC stores owned _____

Mailing Address: _____

Phone: _____ Cell: _____ E-mail: _____

Owner2: _____ **Title:** _____

Ownership Percentage: _____ # of WIC stores owned _____ # of non-WIC stores owned _____

Mailing Address: _____

Phone: _____ Cell: _____ E-mail _____

Owner3: _____ **Title:** _____

Ownership Percentage: _____ # of WIC stores owned _____ # of non-WIC stores owned _____

Mailing Address: _____

Phone: _____ Cell: _____ E-mail _____

Date store opened for business under this ownership? _____

Open to the public for at least one year? Yes No

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

Do you have other Maine stores that accept WIC? If yes, what are their WIC vendor numbers?

SALES INFORMATION

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

Attach copies of your most recent 12 months 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 \$ _____

BANK INFORMATION

Bank Name: _____

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

Bank (Checking) Account Number: _____

LICENSES

RETAIL FOOD ESTABLISHMENT LICENSE:

Department of Agriculture, Conservation and Forestry License Number: _____

Attach a copy of the license Expiration Date: _____

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.

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.

Is your store in a permanent location that includes refrigeration and freezer equipment in the retail area?

Yes No

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

Do you consider your store to be primarily a Halal store? Yes No

SYSTEM INFORMATION

*** Please contact your POS provider or the company you contract with to service your cash register system to complete this section. ***

Point of Sale (POS) Provider: _____ POS Contact Name: _____

POS Provider E-mail: _____ POS Phone: _____

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? Yes No

If yes:

Can your cash register system obtain WIC food balances from an eWIC card? Yes No

Can your cash register system maintain the necessary files for eWIC, such as the WIC Approved Product List (APL)? Yes No

Can your cash register system successfully complete eWIC purchases? Yes No

Produce Mapping

Any WIC approved fresh fruit or vegetable with a UPC or bar code, must be mapped/linked to an IFPS approved PLU prior to your store's enrollment.

Is your store's produce mapped? Yes No

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 can be found at Maine.gov/WIC Vendor Application Process

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 invoice or receipt from the last time you purchased **WIC Infant Formula**.

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: _____

PRICE SURVEY

Enter your store’s highest price for the following WIC-approved items. Refer to the Approved Food List for WIC Approved brands, Conventional or Organic, and Sizes.

Fill in the UPC number exactly as it appears on the product label.



****Include the primary Prefix and check digit.****



WIC requires all authorized vendors to stock a minimum inventory of WIC approved foods at all times. Our WIC Minimum Stocking Requirement list can be found at Maine.gov/WIC Vendor Application Process.

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

Mandatory Items

CAT	Food Item	UPC	Brand Name	Size	Price
21-	Similac Advance powder	07007455958		12.4oz	\$
21-	Similac Isomil powder	07007455964		12.4oz	\$
09-001	Infant Cereals: 8 or 16 oz.				\$
12-001	Infant Fruits or Vegetables Net Wt 4 oz.				\$
13-001	Infant Meats			2.5 oz.	\$
06-003	Beans, Canned, 15 – 16 oz.				\$
06-003	Beans, Dry			16 oz.	\$
06-001	Peanut Butter 16-18 oz.				\$
08-001	Canned Fish in Water 3.75 – 15 oz.				\$
51-	Whole Milk				\$
52-	No fat (skim) or Low-fat ½% or 1% Milk				\$
02-001	Cheese				\$
03-001	Eggs Brand Full Dozen				\$
53-00_	100% Juice Bottled Juice			64 oz.	\$
53-001	100% Juice Frozen or Liquid Concentrate 11-12 oz.				\$
05-001	Cereals 12 oz. or larger				\$

Vendors Must Stock Two Varieties of the following items

ID	Food Item	UPC	Brand Name	Size	Price
16-003	Brown Rice 14-16 oz				\$
16-00_	Bread			16 oz.	\$
16-005	Oatmeal			16 oz.	\$
16-00_	Tortillas			16 oz	\$
16-009	Whole Wheat Pasta			16 oz.	\$

Business Name: _____

V#: _____

BUSINESS INTEGRITY

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.

Vendor initials _____

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 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: _____ Title: _____

Signature: _____ Date: _____