



**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: \_\_\_\_\_

Do you have other stores that accept WIC? If yes, list store name, city, and state.  No

\_\_\_\_\_

**Owner2:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_ # of WIC stores owned \_\_\_\_\_ # of non-WIC stores owned \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

Do you have other stores that accept WIC? If yes, list store name, city, and state.  No

\_\_\_\_\_

**Owner3:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_ # of WIC stores owned \_\_\_\_\_ # of non-WIC stores owned \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

Do you have other stores that accept WIC? If yes, list store name, city, and state.  No

\_\_\_\_\_

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): \_\_\_\_\_

**Select options available on location:**

- Self-checkout;  Phone Ordering;  Online Ordering;  In-store or curbside pickup;
- Delivery;  Transaction in the presence of cashier;  Online transaction

WIC option available:  WIC Self-checkout;  WIC Phone Ordering;  WIC Online Ordering

Business Name: \_\_\_\_\_ City: \_\_\_\_\_ V#: \_\_\_\_\_

**SALES INFORMATION**

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

Total Annual Gross Sales \$ \_\_\_\_\_ Non-Food Sales \$ \_\_\_\_\_

Food Sales SNAP \$ \_\_\_\_\_ WIC \$ \_\_\_\_\_ Other Food \$ \_\_\_\_\_

**LICENSES**

**RETAIL FOOD ESTABLISHMENT LICENSE:**

Department of Agriculture, Conservation and Forestry License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ \* Submit a current retail license copy to [WICVendor@maine.gov](mailto:WICVendor@maine.gov).

**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: \_\_\_\_\_

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.

**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), approximately 3.5MB?  Yes  No

When you receive our APL file from our processor, how long on average before it is loaded to your register system?

\_\_\_\_\_ 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

Business Name: \_\_\_\_\_ City: \_\_\_\_\_ V#: \_\_\_\_\_

**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

**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](http://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:

Infant Formula Supplier information:

Check one:     Manufacturer                       Distributor                       Wholesaler                       Retailer

Infant Formula Supplier Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- \*  Submit invoice or receipt of your most recent **WIC Infant Formula** purchased to [WICVendor@maine.gov](mailto:WICVendor@maine.gov). Title email subject: Store Name, City Invoice Date

Name of Primary Grocery Supplier: \_\_\_\_\_

Name of Dairy Supplier: \_\_\_\_\_

Name of Pharmacy Supplier: \_\_\_\_\_

Business Name: \_\_\_\_\_ City: \_\_\_\_\_ V#: \_\_\_\_\_

**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](http://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	<del>XXXXXXXXXX</del>	12.4oz	\$
21-	Similac Isomil powder	07007455964	<del>XXXXXXXXXX</del>	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: \_\_\_\_\_ City: \_\_\_\_\_ V#: \_\_\_\_\_

**BANK INFORMATION**

Bank Name (Where WIC Transactions Will Be Deposited): \_\_\_\_\_

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

Bank Account Number: \_\_\_\_\_

**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: \_\_\_\_\_

Business Name: \_\_\_\_\_

City: \_\_\_\_\_

V#: \_\_\_\_\_