



APPLICATION FOR VENDOR AUTHORIZATION

This form will not be accepted without all applicable fields complete.

STORE INFORMATION

| | | | |
|---|-------------|--|-----------|
| WIC ID # (if currently authorized): | | IF NOT AUTHORIZED, DATE THE STORE WILL OPEN: | |
| VENDOR LEGAL NAME (include store number & dba if applicable): | | | |
| VENDOR PHYSICAL STREET ADDRESS: | | | |
| VENDOR MAILING ADDRESS (if different from physical address): | | | |
| CITY: | COUNTY: | STATE: | ZIP CODE: |
| TELEPHONE NUMBER: | FAX NUMBER: | E-MAIL ADDRESS: | |
| TAX ID NUMBER (for the store or owner/corporate): | | | |

OWNER INFORMATION (if applicable)

| | | | |
|-------------------|-------------|--------|------|
| OWNER NAME: | | EMAIL: | |
| MAILING ADDRESS: | CITY: | STATE: | ZIP: |
| TELEPHONE NUMBER: | FAX NUMBER: | | |

CORPORATE INFORMATION (if applicable)

| | | |
|-------------------|----------------|-----------|
| CORPORATE NAME: | EMAIL ADDRESS: | |
| MAILING ADDRESS: | | |
| CITY: | STATE: | ZIP CODE: |
| TELEPHONE NUMBER: | FAX NUMBER: | |

ADDITIONAL CONTACT INFORMATION

| | |
|--|--|
| DISTRICT MANAGER NAME (if applicable): | DISTRICT MANAGER PHONE NUMBER: |
| DISTRICT MANAGER EMAIL ADDRESS: | |
| STORE BOOKKEEPER NAME: | PHONE NUMBER (if different from store number above): |
| STORE BOOKKEEPER EMAIL ADDRESS: | |
| STORE MANAGER NAME: | STORE MANAGER EMAIL ADDRESS: |
| STORE MANAGER PHONE NUMBER: | PERSON RESPONSIBLE FOR CASHIER TRAINING: |



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FACILITY AND OPERATION

1. Is the vendor authorized by the Supplemental Nutrition Assistance Program (SNAP - Formerly called Food Stamps)?
 YES NO

- If Yes, What is the vendor's SNAP Number: _____
- If No, the store must provide annual FOOD sales (include infant formula) during the last calendar year or for the number of months the vendor has been in business (*See Note Below):

***NOTE:** The vendor cannot self-declare this information and must provide copies of the Wyoming Sales & Use Tax Return Forms for each month in operation during the last calendar year to establish SNAP eligible food sales. The vendor may be terminated/disqualified if this information is proven inaccurate or fraudulent.

2. Has the vendor been disqualified from SNAP or been assessed a SNAP civil money penalty for hardship and the disqualification period has not expired? YES NO

3. Does this store expect that greater than 50% of its annual total food sales (including infant formula) will be from WIC transactions? YES NO

4. Does this store carry a variety of foods in each of the following staple food groups: meat, poultry or fish; bread or cereal; fresh vegetables and fruits; dairy; and baby foods (fruits/vegetables and meats)? YES NO

5. Does this store have a pharmacy? YES NO

6. Type of store:
 RETAIL GROCERY STORE COMMISSARY PHARMACY WIC ONLY

7. Does your store have self check-out lanes? YES NO
If yes, how many? _____

9. Number of "WORKING" grocery check-out lanes:

10. How many lanes are used for WIC EBT (do not count liquor, gas, or self check-out lanes):

HOURS OF OPERATION

Open 24 Hours Open Same Hours Everyday _____ to _____

SUNDAY _____ MONDAY _____ TUESDAY _____

WEDNESDAY _____ THURSDAY _____ FRIDAY _____

SATURDAY _____

FOOD SUPPLIERS

BELOW LIST THE NAME(S) OF WHOLESALER, DISTRIBUTOR, RETAILER OR MANUFACTURER FROM WHICH THE VENDOR PURCHASES THE FOLLOWING:

INFANT FORMULA (*See Note below):

DAIRY:

BREAD:

GROCERY FOOD ITEMS:

***NOTE:** Please attach a copy of an infant formula invoice/receipt with an identifiable purchase entity within the last thirty (30) days.



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HISTORY

| |
|---|
| 1. Length of time current business has operated at the present site under current ownership? |
| 2. Is the vendor authorized by another State or Indian Agency? ____ Yes ____ No a. If yes, what State(s)? |
| 3. Has this business ever operated under another name with the current ownership? ____ Yes ____ No a. If yes, what was the name of the business? |
| 4. Has the store been sold within the past two years? ____ Yes ____ No a. If yes, are any of the current owners related by blood or marriage to any of the previous owners? __ Yes __ No b. If yes, please specify. |
| 5. Do you own or manage any other grocery stores/drug stores? ____ Yes ____ No a. If yes, list name and address of store(s): (Attach additional sheets if needed.) |
| 6. During the past six years, has any current owner, officer, or manager at your store been convicted of or had a civil judgment for any of the following activities: fraud, anti-trust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice? ____ Yes ____ No a. If yes, please specify the name of the owner, officer or manager and the activities involved. |
| 7. Has this store ever been suspended, disqualified or had a civil money penalty assessed against it by WIC or SNAP? ____ Yes ____ No a. If yes, state when and why. |



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BANKING INFORMATION

By providing your bank information, you are giving the Wyoming WIC Program permission to deposit funds electronically into the specified account.

A **new vendor** will need to complete a State of Wyoming "WOLFS 109A" form in order to be paid by the Wyoming WIC Program.

An **existing WIC authorized vendor** whose banking information changes must notify their local vendor monitor or state vendor staff and complete a "WOLFS 109B" form.

DECLARATION

To the best of my knowledge, all of the above answers are correct. I understand that, should my store be accepted as a WIC vendor, I will abide by WIC Program Regulations and Policies including, but not limited to, the following:

1. The Vendor Agreement
2. The Wyoming WIC Vendor Manual
3. Periodic correspondence provided by state or local WIC offices
4. Federally required monitoring for compliance

A vendor is ineligible for authorization if the vendor's sole proprietor or any person who owns or controls more than a 10% interest in a vendor owner partnership, corporation or other legal entity is employed by the Wyoming WIC Program or has a spouse, child, parent, or sibling who is employed by the Wyoming WIC Program.

The Wyoming WIC Program shall review the accuracy of all applicant qualifications and will make appropriate authorizations based upon the results of such review.

BY SUBMITTING THIS FORM, YOU AGREE THAT THE INFORMATION PROVIDED IS ACCURATE AND YOU UNDERSTAND THAT SUBMITTING THIS APPLICATION DOES NOT GUARANTEE AUTHORIZATION IN THE WYOMING WIC PROGRAM. ALL APPLICATIONS WILL BE REVIEWED WITHIN 30 DAYS OF SUBMISSION

Signature below must be the owner, officer or manager who has the authority to apply on behalf of the business.

| | | |
|------------|--------|-------|
| Signature | | Date: |
| Print Name | Title: | |