



APPLICATION FOR VENDOR AUTHORIZATION

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

STORE INFORMATION

WIC VENDOR ID # (If currently authorized):		IF NOT AUTHORIZED, PROPOSED 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) Annual Food Sales attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Does this store expect that greater than 50% of its annual total food sales (including infant formula) will be from WIC transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does this store have a pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Type of store (select one):	<input type="checkbox"/> RETAIL GROCERY STORE <input type="checkbox"/> COMMISSARY <input type="checkbox"/> PHARMACY <input type="checkbox"/> WIC ONLY

LANES

Self Check-Out Lanes

7.	a. How many "Working" Self Check-Out Lanes does your store have?	
	b. How many "Working" Self-Check-Out Lanes will be used for WIC EBT?	

Grocery Check-Out Lanes

8.	a. How many "Working" Grocery Check-Out Lanes does your store have (non-Self Check-Out)?	
9.	b. How many "Working" Grocery Check-Out Lanes (non-Self Check-Out) will be used for WIC EBT (do not include checkout lanes used for liquor or gas)?	

HOURS OF OPERATION

Open 24 Hours Open Same Hours Every Day _____ am to _____ pm Open Different Hours Every Day (list below)

Sunday _____ am to _____ pm	Thursday _____ am to _____ pm
Monday _____ am to _____ pm	Friday _____ am to _____ pm
Tuesday _____ am to _____ pm	Saturday _____ am to _____ pm
Wednesday _____ am to _____ pm	

FOOD SUPPLIERS

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

BREAD:	
DAIRY	
GROCERY FOOD ITEMS:	
INFANT FORMULA (*See Note Below):	

***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		
10.	List the number of months and/or years the current ownership has operated at this site (as of today)?	
11.	Is the store (applicant) authorized by another State or Indian Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, what state(s)?	
12.	Has the store (applicant) ever operated under another name with the current ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, what was the name of the business?	
13.	Has the store (applicant) been sold within the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, are any of the current owners (applicant) related by blood or marriage to any of the previous owners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If yes, please specify.	
14.	Do you (applicant) own or manage any other grocery stores/drug stores?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, list name and address of store(s): (Attach additional sheets if needed.)	
	Name:	Address:
	Name:	Address:
	Name:	Address:
15.	During the past six years, has any current owner (applicant), officer, or manager at the 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, please specify the name of the owner, officer or manager and the activities involved.	
	Name of the owner, officer or manager:	
	Activities involved:	
16.	Has the store (applicant) ever been suspended, disqualified or had a civil money penalty assessed against it by WIC or SNAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, state when and why.	
	When:	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.

The Wyoming WIC Program EFT Form can be found on the Wyoming WIC website; under Vendor Services; Other Vendor Forms; Banking Form. <https://health.wyo.gov/publichealth/wic/vendor-services/>

A **new vendor** will need to complete a Wyoming WIC Program EFT 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 Wyoming WIC Program EFT 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:	