

Arkansas Department of Health WIC Program

NEW VENDOR APPLICANT INFORMATION

PLEASE TYPE OR PRINT

Vendor Stamp: _____ Name of Store: _____

Telephone: () _____ Fax Number: () _____

Store Type: Independent Chain w/ Pharmacy Chain w/out Pharmacy WIC Only
Ownership Type: Corporation Partnership Sole Ownership Commissary

Mailing Address: _____
City State Zip

Physical Address: _____
City State Zip

County: _____ Email Address: _____

WIC Contact: _____
First Last Title

E-Mail Address for WIC Contact: _____

Sole Owner/Partnership Information (Attach additional sheet with information for all partners):

Owner Name: _____
First Last

Telephone: () _____ Social Security Number: _____ - _____ - _____

Mailing Address: _____
City State Zip

Authorized Agent: _____
First Last

Telephone: () _____ Social Security Number: _____ - _____ - _____

Number of Non-WIC Stores Owned: _____ Number of WIC Stores Owned: _____

Corporate Parent Information:

Name of Corporation: _____

Mailing Address: _____
City State Zip

Authorized Agent: _____
First Last

Telephone: () _____ Authorized Agent SSN: _____ - _____ - _____

Store Demographics:

Daily hours of operation: _____ a.m. to _____ p.m. Days closed: _____

Number of cash registers: _____ Square footage of retail space: _____

Does the store have scanners? Yes__ No__ Can scanners identify WIC food? Yes__ No__

Total Annual Sales Information for previous year (new store please provide estimates):

Total Sales \$ _____ Total Food Sales \$ _____
(including non-foods)

SNAP Sales \$ _____ Total WIC Sales \$ _____

Arkansas State Sales Tax Number: _____ Federal Tax ID Number: _____

Health Department Food Services Permit Number: _____

Are you currently authorized as a USDA SNAP Retailer? Yes __ No__

SNAP Number: _____ Authorization Date: _____

Primary Grocery Wholesaler:

Name: _____ Telephone: () _____

Address: _____
City State Zip

Contact Name: _____
First Last Title

Milk Wholesaler:

Name: _____ Telephone: () _____

Address: _____
City State Zip

Contact Name: _____
First Last Title

Licensed Formula Wholesaler:

Name: _____ Telephone: () _____

Address: _____
City State Zip

Contact Name: _____
First Last Title

*(1) Supplemental Nutrition Assistance Program (SNAP) – Formerly the Food Stamp Program.

Vendor Authorization for Direct Deposit (ACH Credits):

I (we) hereby authorize the Arkansas WIC Program, herein called the State Agency to initiate credit entries to my (our) account. If funds that I am entitled to are deposited in my account, I (we) authorize the State Agency to direct the financial institution(s) to return said funds. These credit transactions should be made to the depository bank named below.

Banking Information:

Please verify your routing & account number with your bank or corporate office before completing this section.

Depository Bank Name: _____

Branch Address: _____

Routing Number: _____ City _____ State _____ Zip _____
Account Number: _____

Bank Telephone Number: () _____ **Please attach an original voided check.**

This authorization is to remain in full force and effective until the State Agency has received written notification from me of its termination.

Vendor Authorized Agent: _____

(PLEASE PRINT)

Signature: _____ Date: _____

Title: _____

STATEMENT OF APPLICATION

By signing below, the applicant(s) agrees to update any information on this application as requested by the WIC Program. The undersigned asserts that all of the statements and information provided on this application are true, complete and accurate and understands that false information shall result in denial or withdrawal of approval to participate in the Arkansas WIC Program.

SIGNATURES

Authorized Agent: _____ Date: _____

Owner: _____ Date: _____

NOTE: This application is not a contract, nor is it a vendor participation agreement. New or continued participation will not be authorized unless the WIC Program has received the completed application and notified the vendor of authorized status.

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, and disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication and Compliance, Room 326-W, Whitten Building, 1400 Independence, SW, Washington D.C. 20250-9410 or call (800)795-3272 (voice and TTD). USDA is an equal opportunity provider and employer.

Arkansas WIC Vendor Applicant Questionnaire
(Questionnaire must be completed and attached to vendor application)

Store Information:

Is your store now open for business to the public? Yes__ No__

If no, are you dependent on authorization by the WIC Program to open your store?
Yes__ No__

If open, is the store currently on the Arkansas WIC Program? Yes__ No__

If yes:

a) Within the last three (3) years has the store changed ownership? Yes__ No__

b) Are any of the current owners related by blood or marriage to any of the previous owners? Yes__ No__

c) Please identify the current owners and specify their relationship to previous owners.

i) _____

ii) _____

iii) _____

Have you had any previous agreements with the Arkansas WIC Program? Yes__ No__

Dates of previous agreements: _____

Has the location changed since it was last authorized for WIC? Yes__ No__

Has the store been disqualified from another state WIC Program based on a mandatory federal sanction? Yes__ No__

When: _____ What State: _____

Does any other state's WIC Program authorize this store? Yes__ No__

If yes, what other states? _____

List other stores owned by applicant that are currently participating in the Arkansas WIC Program (Attach additional sheets if applicable):

A. _____

B. _____

C. _____

Sales Information:

Do any of the present owners currently have a store out of state that has 50% or more of its annual food sales revenue from the sale of foods using WIC Checks? Yes__ No__

If yes, please list the stores and store locations or attach a list.

- A. _____
- B. _____
- C. _____

Do you expect WIC sales to be more than 50% of your total annual food sales? Yes__ No__

SNAP:

Have you received a warning from SNAP in the last two (2) years?

Yes__ No__ Date of Warning: _____

Have you ever received a suspension from SNAP?

Yes__ No__ Date of Suspension: _____

Are you disqualified from SNAP?

Yes__ No__ Date of Disqualification: _____

Have you ever received a Civil Money Penalty from SNAP?

Yes__ No__ When: _____

Conflicts of Interest:

List any employees of the store who are employed by the Arkansas Department of Health.

- A. _____
- B. _____
- C. _____

List any relatives (father, mother, sister, brother, husband, wife, child, grandparents, cousins, aunts, uncles, and in-laws) of manager/owner(s) who are employed by the Arkansas Department of Health.

- A. _____
- B. _____
- C. _____

Business integrity:

In the last six (6) years have any owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity (check all that may apply):

- Trafficking in WIC Checks or SNAP in any state
- Exchanging WIC checks or SNAP benefits for alcohol, tobacco, firearms, ammunition, explosives, or controlled substances
- Fraud
- Antitrust Violations
- Embezzlement
- Theft
- Forgery
- Bribery
- Falsification or destruction of records
- Making false statements
- Receiving stolen property
- Making false claims
- Obstruction of Justice

APPENDIX A

FOODS TO INCLUDE IN “TOTAL FOOD SALES” CALCULATIONS

A vendor may include in the food sales amount reported to the State agency any item that may be purchased with SNAP benefits.

“Food sales” includes sales of—

- Foods for the household to eat, such as:
 - breads and cereals;
 - fruits and vegetables;
 - meats, fish, and poultry; and
 - dairy products
- Coffee, tea, cocoa, carbonated and non-carbonated drinks, ice, candy, condiments and spices, when sold along with the items above
- Snack foods (e.g., potato chips and cupcakes)
- Cold ready-to-eat foods intended for off-premises consumption only
- Specialty foods (such as diabetic and dietetic foods), enriched or fortified foods, infant formulas, and certain health food items. Examples include weight loss products (e.g., Slim Fast), Pedialite, Ensure, wheat germ, and brewer’s yeast. If the ordinary use of the item is as a food, rather than a medicine or therapeutic agent, it may be included in food sales.
- Vegetable oils, shortening, and food coloring
- Cooking wine, wine vinegar, flavorings, extracts

“Food sales” does not include sales of—

- Any non-food items, such as:
 - pet foods;
 - soaps, paper products; and
 - household supplies
- Beer, wine, liquor, and all other alcoholic beverages
- Cigarettes, cigars, and all other tobacco products
- Vitamins and medicines
- Foods that will be eaten in the store
- Hot foods and hot food products (e.g., soups, roasted chicken, coffee, steamed seafood)

APPENDIX B

Vendor Application Process

The following is the application process for becoming a WIC Vendor:

1. Applicant requests to become an authorized WIC vendor for the State of Arkansas.
2. Vendor Application Packet is sent to the Vendor Applicant.
3. Upon receipt of a Vendor Application Packet from the WIC Program, the applicant reviews the terms and conditions for becoming a WIC vendor. The applicant submits the Vendor Application, Vendor Applicant Questionnaire, Shelf Price Survey, and Vendor Participation Agreement to the WIC Program.
4. The WIC Program reviews the information provided for completeness and accuracy. Information provided in step 3 is reviewed for selection criteria listed in the Vendor Participation Agreement.
5. If vendor applicant meets the selection criteria, an on-site authorization visit is conducted. At which time, WIC Program staff will inspect the store, review minimum stock, and other selection criteria (no on-site visit for re-authorization).
6. If approved, the WIC Program signs the Vendor Participation Agreement, assigns the four- (4) digit Vendor Identification Number, and trains store personnel on the provisions of the Vendor Participation Agreement and Handbook.
7. The vendor will also receive shelf talkers for use on store shelves identifying WIC Approved Foods as well as store signs for posting on or near the entrance that says "Authorized WIC Vendor". This sign must be posted in a prominent place on the front window or door in the vendor's place of business.
8. Two WIC vendor identification stamps will be provided upon authorization.
9. If a change of ownership or location occurs or a store ceases operation for more than 90 days, the vendor must complete an application as a new vendor and the same process described in steps four and five above will be done.

IMPORTANT IMPORTANT IMPORTANT IMPORTANT

The vendor applicant may not redeem WIC checks or Cash Value Benefits until the agreement is signed and approved by the WIC Program and a WIC Vendor Identification Number is assigned. **Because an application is received in the WIC Program, does not mean that your application is approved.**