



ITCA WIC PROGRAM SINGLE VENDOR APPLICATION FISCAL YEAR 2016-2018

(Office Use Only)

Date Entered:

____/____/____

Submission of this application does not constitute authorization to participate in the ITCA WIC Program. **Please answer all questions. Incomplete applications will not be processed.** Check the appropriate box or complete required information on each item below.

1. General Store Information:			
Type of Application	<input type="checkbox"/> New Vendor	<input type="checkbox"/> Re-Authorization	
Type of Store	<input type="checkbox"/> Independent	<input type="checkbox"/> Commissary	<input type="checkbox"/> Grocery
Store Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Reservation

2. Store Information:		
Store Name & Number:		
Physical Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Length of time store has been operating:		
Telephone Number:	Fax Number:	
Store E-mail address:		
Federal EIN Number:		

3. Ownership Information:		
Name of owner(s), partners, or corporate officer(s) responsible for the operations of the applicant store:		
(1) Owner Name:		
Title:	Ownership Percentage (%):	
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	
Owner E-mail address:		
Ownership Effective Date:		
(2) Owner Name:		
Title:	Ownership Percentage (%):	
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	
Owner E-mail address:		

4. Legal Structure of this business:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Incorporated
<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Co-operative	<input type="checkbox"/> Tribal	<input type="checkbox"/> Other Specify: _____

5. Full Line Grocery Store Requirements Does the store carry at a minimum:

5 varieties of cereal with 5 units of each?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 varieties of bread or tortillas with 5 units of each variety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5 varieties of dairy with 5 units of each (can be combination of milk, cheese and yogurt)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7 varieties of fruit with 7 units of each?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7 varieties of vegetables with 7 units of each?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4 varieties of meat with 5 units of each?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Store Personnel:

Manager Name:	Telephone Number:
Bookkeeper Name:	Telephone Number:
Individual responsible for WIC oversight and training of personnel on WIC Procedures and communicating WIC program changes to cashiers:	
Individual Name:	Title:
Telephone Number:	Fax Number:
Email address:	

7. Store Hours of Operation:
Please write in the hours of operation or check open 24 hours.

Day	From (AM)	To (PM)	Open 24 hours
Monday - Friday			<input type="checkbox"/>
Saturday - Sunday			<input type="checkbox"/>

8. Business Integrity:

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, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice. NO YES, if so, please specify the name of the owner, officer or manager and the activities involved:

9. Registers:

Does your store have an ECR/POS register that can accept the eWIC card? YES NO

(call your ECR/POS provider if you are unsure)

If yes, what is the name of the register system? _____

If no, you may be eligible to lease a WIC only stand beside device from the WIC Program. Are you interested in leasing a WIC only stand beside device? YES NO

*Vendors who qualify as participant access stores may be eligible for a WIC only stand beside device at no cost.

How many registers are in your store? _____

Does the register allow a split tender with a WIC fruit and vegetable check? YES No

10. Store Square Footage:**11. Sanitation & Operating Permit:**

Has the store ever been cited by the State, County Health Inspector or Indian Health Services for a violation? No YES If yes, when: _____

Describe the violation (s):

Please attach a copy of the store's current license and/or permit to operate (retail establishment permit) to this application.

If yes, when: _____

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What is the total square footage of the building: _____

12. Sales Information:

What is the store's annual, or estimated annual gross receipts or sales?

Food \$ _____ **+ Non-food \$** _____ **= Annual Gross Sales \$**
 _____ **(Do not include gasoline sales)**

Dates (Month/Day/Year or Fiscal Year) for the above figures: _____

What is your average SNAP dollar volume per month? \$ _____

Does the store expect to derive more than 50% of its gross annual food income through the sale of supplemental foods purchased with WIC benefits?

NO YES

If you are a for profit, expecting to derive or derive more than 50% vendor do you provide or plan to provide

incentive items or free merchandise?

NO YES

13. SNAP Authorization and WIC Vendor Numbers

With which USDA (United States Department of Agriculture) is the store currently authorized as a Vendor and what are the current Numbers?

Yes or No	USDA Program	Numbers
<input type="checkbox"/> Yes <input type="checkbox"/> No	SNAP (Supplemental Nutrition Assistance Program)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	ITCA WIC Program Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Arizona WIC Program Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Navajo Nation WIC Program Number	

Has the store, its owners or managers ever been suspended or disqualified from the Supplemental Nutrition Assistance Program (SNAP) in Arizona or any other state? NO YES

If yes, give the names of the owners, managers, any officers, store(s), location(s), and the reason(s) and date of suspension or disqualification. _____

14. Bank Information

Name of store's bank:

Bank Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

Account Number:

Routing Number:

**ACH payments will automatically go into this account, please make sure your bank account can receive ACH credits.*

15. Wholesalers, Distributors and/or Retailers

Please provide the name(s) and address(s) of the store's major wholesaler(s) and the supplier(s) of infant formula.

Note: Infant formula must be purchased through one of our authorized Infant Formula Suppliers (list attached).

NO EXCEPTIONS

(A) Name:

Phone Number:

Address:

City:

State:

Zip Code:

(B) Name:

Phone Number:

Address:

City:

State:

Zip Code:

(C) Name:

Phone Number:

Address:

City:

State:

Zip Code:

Please attach a current (not more than 30 days old) copy of an invoice showing where your store purchases infant formula. Applications without proof of where infant formula is purchased will be denied.

STATEMENT OF APPLICATION: The above mentioned above is applying for authorization to participate in the Special Supplemental Nutrition Program Women, Infant and Children administered by Inter Tribal Council of Arizona, Inc. Vendors will receive a copy of the most current Vendor Manual and the Vendor Agreement when the WIC Program determinates the store qualifies for authorization based on the information supplied on the Vendor Application.

The Vendor asserts that all the information on this application is true and understands that false information may result in the denial, termination, disqualification, or withdrawal of authorization to participant in the WIC Program.

The undersigned asserts that they are either the sole owner of the business or that they are an authorized Agent acting on behalf of the corporate entity and that they have the authority to enter into agreements.

SIGNATURES:

Owner or Agent: _____ Title: _____
(Print)

Owner or Agent: _____ Date: _____
(Signature)

Note: This application is NOT a vendor agreement. New or continued participant will not be authorized until all completed application materials have been received and evaluated by the WIC Program.

Please send completed application (must send original copies) to:

**Inter Tribal Council of Arizona, Inc. WIC Program
Attn: Vendor Manager
2214 N. Central Avenue, Suite 100
Phoenix, Arizona 85004**

If you have any questions or need assistance completing the application, please contact Vendor Manager at 602-258-4822.