



# ITCA WIC PROGRAM MULTIPLE 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.

<b>1. Entity Information</b>		
Entity Name:		
Doing Business As (DBA):		
Physical Business Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	
<b>Federal EIN Number:</b> _____		

<b>2. Ownership Information:</b>		
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:		
Ownership Effective Date:		

<b>3. Legal Structure of this business:</b>			
<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: _____

<b>4. Full Line Grocery Store Requirements</b> 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

## OUTLET PROFILE

**Submit one form for each outlet (if more than one) and include the Enrollment Price Stock Report with your application. You may make copies, if needed.**

<b>5. Store Information</b>		
Store Name & Number:		
Physical Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	
Does the store have internet service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Store E-mail Address:		
<b>Federal EIN Number:</b> _____		
Is the grocery store located on reservation land of a federally recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>6. Store Personnel:</b>	
Manager Name:	Telephone Number:
Bookkeeper Name:	Telephone Number:
<b>Individual responsible for WIC oversight and training of personnel on WIC Procedures and communicating WIC program changes to cashiers:</b>	
Individual Name:	Title:
Telephone Number:	Fax Number:
Email address:	

<b>7. Business Integrity:</b>
<p>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.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES, if so, please specify the name of the owner, officer or manager and the activities involved: _____</p> <p>_____</p>

**8. 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"/>

**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 transaction?  YES  NO

**10. Store Square Footage:**

What is the total square footage of building (store): \_\_\_\_\_

**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.

**12. 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

**13. Sales Information:**

reason(s) and date of suspension or disqualification. \_\_\_\_\_

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 checks?

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

**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 vendor is applying for authorization to participate in the Special Supplemental Nutrition Program Women, Infant and Children administered by Inter Tribal Council of Arizona, Inc.

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.