



## ITCA WIC Program Multiple Vendor Application Fiscal Year 2019-2021

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 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 _____

<b>4. Full Line Grocery Store Requirements</b> Does the store carry at a minimum:		
5 varieties of cereal with 5 units 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 a 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 you application. Make a copy for yourself, if needed.**

<b>5. Store Information:</b>		
Store Name & Number:		
Physical Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Does the store have internet access?		<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 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 to WIC oversight and training of personnel on WIC procedures and communicating WIC program changes to cashiers:</b>	
Individual Name:	Title:
Telephone Number:	Fax Number:
E-mail Address:	

<b>7. Store hours of operation</b>			
Day	From (AM)	To (PM)	Open 24 hours
Monday - Friday			<input type="checkbox"/>
Saturday - Sunday			<input type="checkbox"/>

**8. Store Square Footage:**

What is the square footage of the building? \_\_\_\_\_

**9. Business Integrity**

During the past six years, has any current owner, officer, or manager at your store been convicted of or had a civil judgement 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?

If yes, please specify the name of the owner, officer or manager Yes No  
and activities involved.

\_\_\_\_\_  
\_\_\_\_\_

**10. 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 the use of WIC fruit and vegetable benefits? Yes No

**11. Sanitation & Operating permit:**

Has the store ever been cited by the State, County Health Inspector or Indian Health Services for a violation? Yes No

If yes, what date did citation occur? \_\_\_\_\_ Describe the violation:  
\_\_\_\_\_

**12. Bank Information**

Name of 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.*

**13. SNAP Authorization & WIC Vendor Numbers**  
 Mark all USDA (United States Department of Agriculture) Programs the store is currently authorized with and list 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 manager ever been suspended or disqualified from the Supplemental Nutrition Assistance Program (SNAP) in Arizona or any other state?  
 If yes, give the names of the owners, officers, store(s), location(s), and the reason(s) and date of suspension or disqualification. \_\_\_\_\_  
 \_\_\_\_\_

**14. Wholesalers, Distributors and/or Retailers**  
 Please provide the name(s) and the address(s) of the store's major wholesaler(s) and 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 <u>will be denied</u> .			

**15. 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 the 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?  Yes  No  
 If you are a for profit, expecting to derive more than 50% of income in WIC sales, do you plan on providing incentive items or free merchandise?  Yes  No

STATEMENT OF APPLICATION: The above mentioned is applying for authorization to participate in the Special Supplemental Nutrition Program for Women, Infants, and Children, administered by the 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 determines 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 denial, termination, disqualification, or withdrawal of authorization to participate 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 vendors 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 the ITCA WIC Vendor Manager at (602) 258-4822.