



ITCA WIC Program

Single 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.

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:		
(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:		

4. Legal Structure of 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 _____

5. Full Line Grocery Store Requirements 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
Telephone Number:	Fax Number:
E-mail Address:	

6. Store Information:		
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:		
Federal EIN Number:		
Is the grocery store located on reservation land of federally recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No		

7. Store hours of operation			
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 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 and activities involved. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Registers	
Does your store have an ECR/POS register that can accept the eWIC card? (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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in leasing a WIC only stand beside device?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Store Square Footage:
What is the square footage of the building? _____

11. Sanitation & Operating permit:	
Has the store ever been cited by the State, County Health Inspector or Indian Health Services for a violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what date did citation occur? _____ Describe the violation: _____	

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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. 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.

14. SNAP Authorization & WIC Vendor Numbers

Mark all USDA (United States Department of Agriculture) Program the store is currently with and mark 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. _____

15. 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 will be denied.

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.