



**Vendor Application
 WIC Program &
 Summer EBT for Children**

Completion of this form is required for authorization to accept ITCA WIC and Summer EBT for Children benefits. The submission of this application does not guarantee authorization to accept ITCA WIC and Summer EBT for Children benefits. Complete all sections in this application prior to submission. Incomplete applications are unable to be processed.

| 1. Store Information / Outlet Information | | |
|--|--|--|
| Name Store is Doing Business As (DBA) | Legal Name of Store | |
| Store Type <input type="checkbox"/> Chain Store <input type="checkbox"/> Independent <input type="checkbox"/> Commissary <input type="checkbox"/> Pharmacy | | |
| Store Location <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Reservation | | |
| Street Address | | |
| City | State | Zip Code |
| Mailing Address | | |
| City | State | Zip Code |
| Telephone Number | Fax Number | |
| Company E-mail Address | | |
| Federal EIN Number | | |
| 2. Ownership Type | | |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Partnership (LP) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Other (explain) | | |
| 3. Company Information | | |
| Street Address | | |
| City | State | Zip Code |
| Person WIC should Contact | Contact Person's Title | Contact Person's E-mail Address |
| Contact Person's Telephone | Contact Person's Cell Phone | Contact Person's Fax |
| 4. Ownership Disclosure: List all owners, agents, corporate officers, and members. If there are more owners/members than the space provided, submit the information on a separate page and attach to this application. | | |
| Name (First, Middle, Last) | Title | Percent of Ownership |
| | | |

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| 5. Store Personnel | | | |
| Manager Name(s) | Telephone Number(s) | | |
| | | | |
| | | | |
| Bookkeeper Name(s) | Telephone Number(s) | | |
| | | | |
| 6. Store History | | | |
| When did the store open or is scheduled to open for business under applicant's ownership? | | | |
| Was there a business at this location prior to the current ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , complete the next line. | | | |
| Business Name | Name of Previous Owner | | |
| Was the business WIC authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of change of ownership or last known date store was open | | |
| Does the applicant or any of the owners, managers, or employees have any relationship with the previous owner(s)? Relationship includes, but is not limited to; partner, shareholder/stockholder/member, immediate or extended family member, corporate officer, manager, employee or other type of relationship. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , complete the next line. If more space is needed, submit the information on a separate page. | | | |
| Name | Describe relationship to the previous owner | | |
| During the past six years, has any 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 <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of the individual(s) below | | | |
| Name | Title (current business) | | |
| Name | Title (current business) | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete information below | | | |
| Name of individual(s) | Store(s) associate with SNAP suspension/disqualification | Date | Reasons for SNAP suspension/disqualification |
| | | | |
| | | | |
| Has the store, its owners, or managers, ever been suspended or disqualified from WIC in Arizona or any other State? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete information below | | | |
| Name of individual(s) | Store(s) associated with WIC suspension/disqualification | Date | Reasons for WIC suspension/disqualification |
| | | | |
| | | | |
| 7. Registers | | | |

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|--|---|---|---|--|---|---|---|
| Number of Front End Cash Registers | | Number of Self Check Out Registers | | | | | |
| 8. Electronic Cash Register (ECR) / Point of Sale (POS) System/Provider | | | | | | | |
| Does the store have an electronic cash register and point of sale (ECR/POS) system? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete section 7A. If No, skip to Section 7B. | | | | | | | |
| 8A. Store is using a ECR/POS cash register systems | | | | | | | |
| ECR / POS Name | | | | System Version | | | |
| ECR / POS Provider Contact Person | | | | Contact Person's Telephone (include area code) | | | |
| Is this system eWIC ready? <input type="checkbox"/> yes <input type="checkbox"/> No | | | | Who is your Third Party Processor? <input type="checkbox"/> First Data <input type="checkbox"/> World Pay <input type="checkbox"/> Vantiv <input type="checkbox"/> FIServ <input type="checkbox"/> Other (Provide): | | | |
| 8B. Store is NOT using ECR / POS cash register systems | | | | | | | |
| Does your store currently process debit/credit on a stand-alone device? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Does your store currently process SNAP on this same debit/credit device? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is the device separate from your store's cash register system? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Do you own or lease the SNAP device? <input type="checkbox"/> Own <input type="checkbox"/> Lease | | | |
| Provide the name of the company that provides SNAP device support | | | | Device Support Company Telephone (include area code) | | | |
| Does your store currently have high speed internet connection? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| If Yes, list the internet provider | | | | If No, does the store use a phone line to connect to the device? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. SNAP (Supplemental Nutrition Assistance Program) & WIC (Women, Infants and Children) Authorization | | | | | | | |
| Authorized | | 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 | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | Other WIC Program (specify): | | | | | |
| 10. Store Hours | | | | | | | |
| Is this store open at least 8 hours a day, 5 days a week? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Is the store open 24 hours per day? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, fill in the hours below | | | |
| Days | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Time Open | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Time Closed | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| 11. Banking Information | | | | | | | |
| Bank Name and Branch | | | Routing Number | | | Account Number | |
| Address | | | City | | State | Zip Code | Teleph one |

| 12. Sales Information | | |
|--|--|--|
| Annual Gross Sales- provide the total of all food and non-food sales, including SNAP and WIC, for the last tax year, or the most recent 12 month period. If the store has been open less than one year, provide an estimate of annual sales. | | |
| Total Gross Sales | Total Food Sales | Total Non-Food Sales |
| Total SNAP sales | Total WIC Sales | Average SNAP sales 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 or derive more than 50% vendor do you provide or plan to provide incentive items or free merchandise? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 13. Square Footage | | |
| What is the total square footage of the store? | | |
| 14. Sanitation & Operating Permit | | |
| Attach a copy of the store's current license and/or permit to operate (retail establishment permit) to this application. | | |
| 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, complete section below | | |
| Date of violation | Describe the violation(s) | |
| 15. Supplier Information: provide the name and location of each source providing WIC infant formula to your business. If you purchase infant formula from more than 2 sources, attach a separate page listing the name, address and telephone number. <i>Note: Infant formula <u>must</u> be purchased through one of the authorized Infant Formula Suppliers (list attached)</i> | | |
| Name | Telephone | |
| Address | | |
| City | State | Zip Code |
| Name | Telephone | |
| Address | | |
| City | State | Zip Code |
| Name | Telephone | |
| Address | | |
| City | State | Zip Code |
| 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. | | |
| 16. Conflict of Interest Statement: Any conflict of interest must be disclosed to ITCA for conflicts of interest between vendors, the ITCA state agency, or local agencies. Individuals with conflicts of interest must recuse themselves from participating in any manner in decisions related to the vendor contract. A conflict of interest typically arises when a public official or employee finds that the outcome of a decision may impact a personal financial interest. | | |
| Does the vendor owner, associate(s), manager(s), or store employee(s) have a conflict of interest with the ITCA state agency, or local agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete information below | | |
| Name(s) of vendor personnel | Conflict of Interest with ITCA State Agency | Conflict of Interest with WIC Local Agency |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--|--|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

STATEMENT OF APPLICATION: The above mentioned vendor is applying for authorization to participate in the Special Supplemental Nutrition Program Women, Infant and Children, and the Summer EBT for Children Program 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 and SEBTC Programs.

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.

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.

