

**GEORGIA WIC PROGRAM
CORPORATE ATTACHMENT FORM**

A.	Is this store expected to derive more than 50% of its annual food sales from the sale of WIC approved foods?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
B.	Is this a "cost-plus 10% store"?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
C.	Is this application submitted as a result of a change in the store's location?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
D.	Does this store location sell special infant formula, including medical foods only?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

PART I - STORE IDENTIFICATION

1.	Full Legal Name of Corporation:				
	Full Legal Name of Store:				
	Registered Agent's Full Name <i>(if applicable)</i> :				
	Store Contact:			Title:	

CONTACT INFORMATION

2.	Business Telephone Number: () -		Fax Number: () -		VN#
	E-mail Address (Required) :				

PHYSICAL LOCATION

Street Address/Rural Route:				
City:		State:	County:	Zip +4

MAILING ADDRESS

(If different from above, a P.O. Box must be accompanied by a street address)

Street Address				
City		State	Zip + 4	
P.O. Box				
City		State	Zip + 4	

3.	Square Footage of Store Retail Space Open to the Public <i>(excluding administrative and storage area)</i>	_____
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PART II - LICENSING

4.	Federal Employer Identification (FEIN) Number:	# _____
5.	SNAP Authorization Number. Enter the FNS Number found on your SNAP permit and attach a copy of the permit to this application.	_____
6.	Secretary of State Control Number:	_____
7.	Food Sales Establishment License Number. Enter the license number found and attach a copy of the license to this application.	# _____ Exp. Date. _____

8.	Business License Number. Enter the license number, expiration date of the license and attach a copy of the business license to this application.	# _____ Exp. Date. _____			
9.	a. Will this store be dependent upon receiving WIC authorization for the store to remain sustainable?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b. How was the store acquired? <input type="checkbox"/> Sale <input type="checkbox"/> Lease <i>(provide a copy of bill of sale or executed lease if applicable)</i> From whom was the store acquired? _____ Date store will open(ed)? _____	What date was the store acquired? _____/_____/_____ Month Day Year _____/_____/_____ Month Day Year			
	c. What date will the store have the required minimum inventory of Approved WIC food and Non-WIC foods in stock?	_____/_____/_____ Month Day Year			
	d. Has this store ever been disqualified or assessed a Civil Money Penalty for violations of the Georgia WIC Program? If yes, attach an explanation identifying the store, specific penalty imposed, and the effective date of the penalty. Attach additional documentation, if necessary.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	e. Has this store ever been denied SNAP authorization or withdrawn, disqualified, or assessed a Civil Money Penalty for SNAP violations? If yes, attach an explanation identifying the nature of the violation(s), date of denial/penalty imposed, and the effective date of the penalty.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	f. Prior WIC Applications. Including this store, have any of the current owner(s), officer(s), or manager(s) previously applied for vendor authorization to the Georgia WIC Program? <i>(If yes, attach an explanation identifying the individual, the store name and location, the date the application was submitted, and whether the application was denied or approved.)</i> Name: _____ Address: _____ _____/_____/_____ Dates of Operation: _____ Name: _____ Address: _____ _____/_____/_____ Dates of Operation: _____ Name: _____ Address: _____ _____/_____/_____ Dates of Operation: _____ Name: _____ Address: _____ _____/_____/_____ Dates of Operation: _____ Name: _____ Address: _____ _____/_____/_____ Dates of Operation: _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

PART III - OPERATIONS, SALES AND BANKING INFORMATION**Business Hours**

10.	<input type="checkbox"/> Check (✓) here if opened 24 hours each day	Wednesday	a.m.	p.m./a.m.		
	Sunday	a.m.	p.m./a.m.	Thursday	a.m.	p.m./a.m.
	Monday	a.m.	p.m./a.m.	Friday	a.m.	p.m./a.m.
	Tuesday	a.m.	p.m./a.m.	Saturday	a.m.	p.m./a.m.

11. Processes for Food Sales Transactions:

- a. Number of Cash Registers
- b. Number of Scanners
- c. Can Scanners detect WIC eligible foods? Yes No
- d. Number of EBT Lanes
- e. Number of Smart Card Readers
- f. What brand is the Smart Card Readers? _____
- g. Is your store a WIC Only location? Yes No
- h. Number of WIC Scanner Screens
- i. Does your store have a Point of Sale device? Yes No
- j. Please check all forms of payment your store **Cash** **EBT** **Debit** **Credit** **Checks**
will be accepting.

12. Bank Information. Enter information pertaining to where you will deposit all WIC food instruments and cash value vouchers. Enter the specific bank information for each store for which WIC authorization is sought.

- a. Bank Name _____
Street Number & Name _____
City, State, and Zip+4 _____
Telephone Number (including Area Code) _____
- b. Business Routing and Account Number
1. Routing Number _____
 2. Account Number _____

PART IV – VENDOR COST CONTAINMENT

Applicant vendors MUST submit with this application a signed and notarized Georgia Department of Revenue Form (GDOR) RD1062 and the prior tax year's sales and use information submitted to GDOR. Please include copies of the Sales and Use Tax Return documentation.

13. a. What were the store's sales of "SNAP Eligible" foods for the prior tax year? \$ _____
- b. Were prior tax year "SNAP" sales less than \$2,100? Yes No
- c. What was the actual percent of annual **food** sales derived from the following types of payments for the prior tax year? **(Total must equal 100%)**
- | | | | |
|----------------------|----------|---|-------------|
| Cash/Personal Checks | _____ | % | |
| Debit/Credit Cards | _____ | % | |
| SNAP | _____ | % | |
| WIC Food Instruments | _____ | % | |
| Total | = | | 100% |
- d. **Annual Gross Sales.** Check the box and provide the annual gross sales earned by the store for the prior tax year.
- Actual Gross Sales \$ _____ For the prior tax year _____

14. Annual Exempt Sales

- a. Does the store sell Gasoline? *(If yes, provide actual sales of Gasoline* Yes No
 b. *from the prior tax year)* \$ _____
- c. Does the store sell Georgia lottery tickets? *(If yes, provide actual* Yes No
 d. *sales Of Georgia lottery tickets from the prior tax year)* \$ _____
- e. Does the store sell vitamins and/or dietary supplements? *(If yes,* Yes No
 f. *provide actual sales of vitamins/dietary supplements from the prior tax year)* \$ _____
- g. In addition to WIC/SNAP items, does the store sell any exempt non-SNAP/non-Food (non-taxable) items? *(If yes, list the items – attach additional documentation as needed)* Yes No

(For list of non-taxable items visit):

<https://dor.georgia.gov/documents/2018-list-sales-and-use-tax-exemptions>

h. Total sales of Non-Foods or non-SNAP eligible foods from the prior tax year that are exempt.

\$ _____

i. Total number of Exempt Sales (***From the prior tax year***)

j. Are "WIC" sales from the prior tax year less than \$2,000?

Yes

No

N/A

PART V – INVENTORY AND PRICE LIST

15.	a. Was all infant formula that will be used to redeem WIC food instruments, purchased from suppliers listed on the Approved Infant Formula Supplier list? (visit https://dph.georgia.gov/vendor-application-and-forms and select Approved Infant Formula Suppliers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: Records of all infant formula purchases must be maintained according to the terms of the WIC Vendor Agreement.		
b. If yes, indicate the name of the supplier, address, city, State and zip. (<i>Attach additional documentation as needed.</i>)		
Supplier		
Address		
City	State	Zip
Supplier		
Address		
City	State	Zip

16. **STAPLE FOODS CATEGORIES CARRIED IN STOCK:** All vendors, except pharmacies, must carry food items other than WIC Approved Foods. These items are considered Non-WIC Inventory. Non-WIC Inventory includes dried, frozen, canned/jar, boxed, fresh, refrigerated, etc. Staple foods **do not** include prepared foods or accessory foods, such as candy, condiments, spices, tea, coffee, or carbonated and un-carbonated drinks.

What percentage of each item does this store carry from the following food groups? **The total percentage must equal one-hundred percent (100%).**

%	A. Meats, Poultry and/or Seafood (refrigerated)
%	B. Breads and Cereal Products
%	C. Shelf Staples (e.g., flour, sugar, pasta, pudding mix, etc.)
%	D. Cans, Jars, Bottled Goods (i.e. mayo, ketchup, relish, etc)
%	E. Beverages
%	F. Snack Foods (crackers, granola bars, etc.)
100 %	

17. **MINIMUM INVENTORY OF WIC-ELIGIBLE FOOD ITEMS.** Please enter the required information below for each food item the store will have in its inventory. For the most current list of food brands that are WIC-Approved, visit the Georgia WIC Program website, at <https://dph.georgia.gov/wic-approved-foods-list> and select the link, "WIC Approved Foods".

Applicant vendors **must** submit copies of all purchase orders, invoices, receipt, or bills of lading that depict the purchase of all items intended for sale in the applicant's store locations. This includes WIC food items, non-WIC food items, household products, miscellaneous items, etc.

For Cost Plus 10% Stores. Please ensure that the prices indicated for your Minimum WIC-eligible inventory items includes the 10% markup.

MINIMUM WIC-ELIGIBLE INVENTORY					
	Food Item	Brand or Type	Size	Most or Least Expensive where indicated	On Site Price (Office Use Only)
1	Whole Milk 1gal		Gallon (Least Expensive)	\$	
2	Fat Free/Skim, Low-Fat (1%)		Gallon (Least Expensive)	\$	
3	Dry Milk		Makes 3 quarts (Least Expensive)	\$	
	Evaporated Whole/Low-Fat Milk		12 oz.	\$	
4	Yogurt - Low Fat/Non Fat		32 oz.	\$	
	Yogurt-Low Fat/Non Fat		16 oz.	\$	
	Yogurt - Low Fat/Non Fat 16 pack		2 oz.	\$	
	Yogurt - Low Fat/Non Fat-8pack		2 oz.	\$	
	Yogurt - Low Fat/Non Fat-8pack		4 oz.	\$	
	Yogurt - Low Fat/Non Fat-4pack		4 oz.	\$	
5	Yogurt - Whole Fat - 32 oz.		32 oz.	\$	
	Yogurt - Whole Fat - 8 oz.		8 oz.	\$	
	Yogurt - Whole Fat-4pack		4 oz.	\$	
6	Cheese		16 oz. (1 Pound) (Least Expensive)	\$	

MINIMUM WIC-ELIGIBLE INVENTORY

	Food Item	Brand or Type	Size	Most or Least Expensive where indicated	On Site Price (Office Use Only)
7	Eggs (Grade A Large)		1 Dozen Carton (Least Expensive)	\$	
8	Juice 48oz,12oz,11.5oz		(Most Expensive) (list size here)	\$	
9	Juice 64oz		64 oz. (Most Expensive)	\$	
10	Dry Infant Cereal		8 oz. Containers	\$	
11	Infant Fruits and Vegetables		8 oz. Twin Pack	\$	
12	Infant Food Meat with Broth or with Gravy		2.5 oz. Containers	\$	
13	Cereal		11-36 oz. (list size here)	\$	
14	Beans/Peas/Lentils		15-16 oz. Cans (Most Expensive) (list size here)	\$	
	Beans/Peas/Lentils Dried		1 Pound Packages (Most Expensive)	\$	
15	Peanut Butter		16-18 oz. Jars (Most Expensive) (list size here)	\$	
16	Whole Grain Bread		16 oz. Loaf	\$	
17	Whole Grain/Grain PASTA- any shape		16 oz.	\$	
18	Fish: Tuna (water packed)		5 oz. can (Least Expensive)	\$	
	Fish: Pink Salmon		6 oz. OR 14.75 oz. can (Least Expensive) (list size here)	\$	

MINIMUM WIC-ELIGIBLE INVENTORY

	Food Item	Brand or Type	Size	Most or Least Expensive where indicated	On Site Price (Office Use Only)
19	Enfamil Infant (Milk Based)		12.5 oz powder	\$	
	Enfamil Gentlease (lactose reduced)		12.4 oz. powder	\$	
	Enfamil ProSobee (Soy based)		12.9 oz. powder	\$	
20	Fresh Fruit and Vegetables		Fresh: 20 types combined fruits and vegetables	Yes: _____ No: _____	

PART VI – STATEMENTS AND CERTIFICATION

PRIVACY ACT STATEMENT – The solicitation of the information requested in this application is authorized by Title 7 of the Code of Federal Regulations, Part 246, Subpart E (7 CFR § 246.12), which governs the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program). The provision of this information is voluntary and will be used to determine eligibility of a store to participate in the Georgia WIC Program as an authorized vendor; to routinely monitor authorized vendors for compliance with Georgia WIC Program’s policies and rules; for audit and enforcement of WIC Program regulations, policies and rules; and for program management. Failure to provide this information may result in the denial of authorization for new vendor applicants or termination of authorized vendors from the WIC Program.

WARNING STATEMENT – Information in this application will be verified with other agencies. Vendor authorization may be denied or terminated if it is determined that the vendor applicant provided false statements, made false representations, or used any false writing or documentation in connection with this application. Authorization may be denied or terminated if the vendor applicant violates any laws or regulations issued by Federal, State, or local programs, including Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamps Program).

CERTIFICATION AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

1. I have the authority to apply for Georgia WIC Program vendor authorization on behalf of the applying store.
2. I have the authority to enter into a WIC Vendor Agreement between the applying store and the Georgia Department of Public Health’s Georgia WIC Program.
3. I will timely notify the Georgia WIC Program of any changes made to the operation, management, and ownership of the applying store upon authorization as required by the Georgia WIC Program.
4. I affirm that all statements made, including financial/pricing information provided, in this application are true and accurate.
5. I read and understand the penalties in the warning statement above. I understand that false or incomplete information provided to the Georgia WIC Program or violation of the terms of the WIC Vendor Agreement shall result in termination of that agreement.
6. I understand that the ownership and management of this store will be responsible for understanding the requirements, policies, and procedures appearing in the WIC Vendor Handbook, which is considered part of the WIC Vendor Agreement.
7. I authorize Georgia WIC Program to investigate my background and that of every owner, partner, or corporate officer with a financial interest in the applying store for purposes of evaluating my vendor application. I understand that I may withhold my permission and that in such cases, no background checks will be done and my vendor application will not be processed further.

SIGNATURE OF AUTHORIZED REPRESENTATIVE (**No initials**) _____ DATE _____

PRINT NAME (**No initials**) _____

TITLE _____

TELEPHONE NUMBER _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- 2) Fax: (202) 690-7442; or
- 3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Return application to:
DO NOT FAX
DO NOT HAND DELIVER

Georgia WIC Program
Office of Vendor Management
2 Peachtree Street, NW
10th Floor
Atlanta, Georgia 30303-3142
Toll-free:1-866-814-5468

