

GEORGIA WIC PROGRAM

APPLICATION FOR VENDOR AUTHORIZATION AND INSTRUCTIONS

PHARMACY APPLICANTS ONLY

Complete this application in its entirety. Incomplete applications will not be processed. Any misrepresentations and/or omissions made with respect to the information requested in this application may result in denial of the application or termination of the vendor agreement.

Check (✓) one

A	<input type="checkbox"/>	New Application	<input type="checkbox"/>	Re-Authorization <i>(Enter current vendor number)</i>	VENDOR NUMBER (VN#)			
	<input type="checkbox"/>	Change of Ownership	<input type="checkbox"/>	Change of Store or Corporate Name/ Address				
	<input type="checkbox"/>	Addition of New Store Locations <i>(Attach list of existing WIC authorized stores owned by the corporate vendor.)</i>						
B	1. Is this store owned by a corporate entity?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	2. Enter the total number of stores for which the applicant is seeking authorization. <i>(If seeking authorization for two or more stores, applicant must complete a Corporate Attachment form for each store.)</i>							
	3. How many stores are owned by applicant <i>(This includes stores located within and outside Georgia, as well as those stores for which the applicant is NOT seeking WIC authorization.)</i>							
C	Is this application submitted as a result of a change in the store's location?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

PART I - STORE IDENTIFICATION

1	Full Legal Name of Store:		Store Number: #	
	Full Legal Name of Corporation <i>(if applicable)</i> :			
	Registered Agent's Full Name <i>(if applicable)</i> :			
	Store Manager's Full Name:			
	STORE TELEPHONE NUMBER:		STORE FAX NUMBER:	
	OWNER OR CORPORATE REPRESENTATIVE TELEPHONE NUMBER:		OWNER/CORPORATE MOBILE NUMBER	
	STORE EMAIL ADDRESS (REQUIRED):		OWNER/CORPORATE EMAIL ADDRESS (REQUIRED):	

PHYSICAL LOCATION

Street Address/Rural Route:

City:

State:

County:

Zip +4

☐ Please check this box if the physical location is the same as the mailing address.
MAILING ADDRESS *(Complete if different from above address)*

Street Address

City

State

Zip + 4

4

Business License Number. Enter the license number and expiration date of the license and attach a copy of the business license to this application.

Exp. Date. _____

TYPE OF BUSINESS – Check (✓) Only One

6

☐

Independent

☐

Chain

☐

Commissary

7

a. Federal Employer Identification Number (**FEIN**):

_____ — _____

Owner's

SSN _____ - _____ - _____

b. Secretary of State Control Number:

8.	a. Will this store be dependent upon receiving WIC authorization 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			
9.	a. Are you related to previous owner(s) by blood or marriage? If yes, what is the relationship? _____		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b. Has the owner(s) ever owned a business(es) authorized by the Georgia WIC Program? If yes, list stores below: (<i>Attach additional documentation, if necessary</i>)		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	1.	STORE NAME	VENDOR NUMBER			
	2.	STORE NAME	VENDOR NUMBER			
	c. Has the previous owner(s) ever owned a store(s)/business(es) that was disqualified, terminated, or assessed a Civil Money Penalty while an active Georgia WIC vendor? (<i>If yes, attach an explanation identifying the store and location, the specific penalty imposed, and the effective date of the penalty. Attach additional documentation, if necessary.</i>)		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

	<p>d. Has the previous owner(s) ever owned a store(s) that was disqualified, terminated, or assessed a Civil Money Penalty while an active WIC vendor in another state? <i>(If yes, attach an explanation identifying the store and location, specific penalty imposed, and the effective date of the penalty. Attach additional documentation, if necessary.)</i></p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<p>e. Has the previous owner(s) ever owned a store(s)/business(es) that was withdrawn, disqualified, or terminated from SNAP, or which was assessed a Civil Money Penalty from SNAP? <i>(If yes, attached an explanation identifying the store and location, specific penalty imposed, and the effective date of the penalty. Attach additional documentation, if necessary.)</i></p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<p>f. Has this store ever operated under another name in Georgia? If yes, list the store name(s), store location(s) and the dates of operation under that name. <i>(Attach additional documentation, if necessary.)</i></p>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<p>g.</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Dates of Operation: _____</p>				

PART II – STORE OWNERSHIP AND MANAGEMENT

1.	Type of Ownership – Check (✓) one and attach relevant documentation (see instructions for details).				
<input type="checkbox"/>	Sole proprietorship	<input type="checkbox"/>	Privately owned corporation	<input type="checkbox"/>	Government owned
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Publicly owned corporation	<input type="checkbox"/>	Limited Liability Corporation
2.	<p>List the full name of every owner, partner, or corporate officer (e.g., President, Vice President, Secretary, etc.) who has at least a five percent (5%) financial interest in the business. Attach additional sheets, if needed. Shortened versions of a name, including nicknames and initials, are not acceptable. If you indicated in Question #10 that the business is either a publicly owned corporation or government owned, skip this section.</p>				

	First Name	Middle Name	Last Name	Social Security Number
2a.	1.			
	Date of Birth / /			
	First Name	Middle Name	Last Name	Social Security Number
	2.			
	Date of Birth / /			
	First Name	Middle Name	Last Name	Social Security Number
	3.			
	Date of Birth / /			
	First Name	Middle Name	Last Name	Social Security Number
	4.			
	Date of Birth / /			
2b.	Name of Registered Agent:			
	Address of Registered Agent:			

PART III – STORE HISTORY

1.	Prior WIC Applications. Including this store, have any of the current owner(s), partner(s), or corporate officer(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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a.	Ownership History Including this store, have any of the current owner(s), partner(s), or corporate officer(s) ever owned or managed a store/business that was disqualified, terminated, or assessed a Civil Money Penalty, while an active Georgia WIC vendor? <i>(If yes, attach an explanation identifying the owner, the store name and location, store vendor number, the basis for the sanction imposed and the effective date of the sanction).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2b.	Including this store, have any of the current owner(s), partner(s), or corporate officer(s) ever owned or managed a store/business that was disqualified, assessed a Civil Money Penalty, or terminated from SNAP? <i>(If yes, attach an explanation identifying the owner, the store name and location, SNAP permit number, the basis for the sanction imposed and the effective date of the sanction).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

2c.	Have any of the current owner(s), partner(s), or corporate officer(s) ever been convicted of or had a civil judgment for 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? <i>(If yes, attach an explanation identifying the person, the date of the judgment and the nature of the violation).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2d.	Do any of the current owner(s), partner(s), or corporate officer(s) currently own or have any involvement with other WIC approved stores, either in the State of Georgia or outside of Georgia? <i>(If yes, attach an explanation identifying the person(s) and the store(s) owned, including the store name(s), address(es) and vendor number(s).)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2e.	Have any of the current owner(s), partner(s), or corporate officer(s) previously owned, or had any involvement with other WIC approved stores, either in the State of Georgia or outside of Georgia? <i>(If yes, attach an explanation identifying the person(s) and the store(s) owned, including the store name(s), address(es) and vendor number(s).)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2f.	Identify any relatives, who are related by blood or marriage, who own/have owned, or have current or previous involvement with a WIC approved store(s), either in the State of Georgia or outside of Georgia. <i>(Attach an explanation, identifying the name(s) of the individual(s), the name of the individual to whom they are related, the nature of the relationship, the store name(s), the store's address(es) and the store's vendor number(s).)</i>	
2g.	Identify any relatives, related by blood or marriage, who has ever owned or managed a business that was disqualified, assessed a Civil Money Penalty, or terminated from the Georgia WIC Program. <i>(Attach an explanation, identifying the name of the owner/officer/manager, the name of the family member, the nature of their relationship, the store name and address, the store's vendor number, the specific sanction imposed and the effective date of the sanction).</i>	
2h.	Identify any affiliates who own/have owned, or who have current or previous involvement with a WIC approved store(s), either in the State of Georgia or outside of Georgia. <i>(Attach an explanation, identifying the name of the owner/officer/manager, the name of the relative, the nature of their relationship, the store name and address, and the store's vendor number. For corporate vendors, this includes subsidiaries of this business or parent companies for which this store is a subsidiary).</i>	
2i.	Identify any affiliate who ever owned or managed a business that was disqualified, assessed a Civil Money Penalty, or terminated from the Georgia WIC Program. <i>(Attach an explanation, identifying the owner/officer/manager, the name of the business affiliate, the store name and address, the store's vendor number, the nature of the affiliation, the specific sanction imposed and the effective date of the sanction).</i>	

PART IV – OPERATIONS

HOURS OF BUSINESS

1.	<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.

POINT-OF-SALE AND eWIC INFORMATION

2. The GA WIC Program processes eWIC transactions and reimburses its Vendors through the use of the Georgia eWIC Card and electronic benefits transfer (EBT) processing. Provide the information requested below. Please be as accurate as possible.

a.	Total Number of Registers in Store (Including U-Scans):		f.	If integrated, who is your Third-Party Processor (TPP)?	
b.	Number of Registers with Scanning Devices:			<input type="checkbox"/> FISERV <input type="checkbox"/> World Pay <input type="checkbox"/> First Data <input type="checkbox"/> Other: _____	
c.	Number of Lanes		g.	Who is your Value-added Reseller (if applicable)?	Name: _____
d.	Does the store have an electronic cash register and point-of-sale (ECR/POS) system that is eWIC-capable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	h.	Please check all forms of payment your store can accept. Cash EBT Debit Credit Checks <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
e.	Identify the Point-of-sale (POS) system type:	<input type="checkbox"/> Integrated <input type="checkbox"/> Stand-beside device			

BANKING INFORMATION

3. Enter information pertaining to where the store will deposit all WIC food instruments and cash value vouchers. If the applicant is a Corporate Vendor, enter the specific bank information for each store for which WIC authorization is sought on the Corporate Vendor, enter the specific bank information for each store for which WIC authorization is sought on the Corporate Attachment Form.

1.	Bank name	
	STREET NUMBER & NAME	
	CITY, STATE, AND ZIP+4	
	TELEPHONE NUMBER (INCLUDING AREA CODE)	
2.	Business Routing and Account Number	
	ROUTING NUMBER	
	ACCOUNT NUMBER	

PART V - INVENTORY AND PRICE LIST

1.	a. Was all infant formula that will be used to redeem WIC food instruments (eWIC cards) purchased from suppliers listed on the Approved Infant Formula Supplier list? (Visit http://dph.georgia.gov/vendor-information 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. (Attach Infant Formula Invoice within 3 months of the application date.)

Supplier		
Address		
City	State	Zip
Supplier		
Address		
City	State	Zip

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: _____ DATE: _____
(No initials)

PRINT NAME: _____
(No initials)

TITLE: _____

Nondiscrimination Statement

This institution is an equal opportunity provider. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (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
200 Piedmont Avenue, SE
West Tower, Suite 1502
Atlanta, Georgia 30334
Email: wic-vendor.relations@dph.ga