

**GEORGIA WIC PROGRAM  
CORPORATE ATTACHMENT FORM  
GROCER APPLICANTS ONLY**

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

A.	Is this store expected to derive more than 50% of its annual food sales from the sale of WIC approved foods or operate as a WIC Only location?	<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 Store:	Store Number: #
	Full Legal Name of Corporation:	
	Registered Agent's Full Name <i>(if applicable)</i> :	
	Store Contact:	Title:

**CONTACT INFORMATION**

2.	<b>STORE INFORMATION:</b> Telephone Number: (     )     -	Fax Number: (     )     -
	Email Mail Address (Required):	
	<b>PHYSICAL LOCATION</b>	
	Street Address/Rural Route:	
	City:	State:     County:     Zip +4

<b>MAILING ADDRESS</b> <i>(If different from above, a P.O. must be accompanied by a street address)</i>		
Street Address		
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.	<b>Food Sales Establishment License Number.</b> Enter the license number and expiration date of the license and attach a copy of the license to this application.	# _____ Exp. Date: _____
8.	<b>Business License Number.</b> Enter the license number and 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)?    _____ / _____ / _____ <span style="margin-left: 100px;"><i>Month                      Day                      Year</i></span>	What date was the store acquired? _____/_____/_____ <span style="margin-left: 100px;"><i>Month                      Day                      Year</i></span>
	c. What date will the store have the required minimum inventory of Approved WIC food and non-WIC foods in stock?	_____/_____/_____ <span style="margin-left: 100px;"><i>Month                      Day                      Year</i></span>
	d. Has the store ever been disqualified, terminated, or assessed a Civil Money Penalty for violation of the Georgia WIC Program? 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Has the store ever been denied SNAP authorization or withdrawn disqualified, terminated, or assessed a Civil Money Penalty for SNAP violations? If yes, attach	<input type="checkbox"/> Yes <input type="checkbox"/>

an explanation identifying the nature of the violation(s), dates of denial/penalty imposed, and the effective date of the penalty.			No
f. <b>Prior WIC Applications.</b> 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? as 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. 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.  Name: _____ Address: _____ _____ Dates of Operation: _____	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

**PART III – OPERATIONS, SALES AND BANKING INFORMATION**

**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
	Monday	a.m.	p.m./a.m.	Friday
	Tuesday	a.m.	p.m./a.m.	Saturday

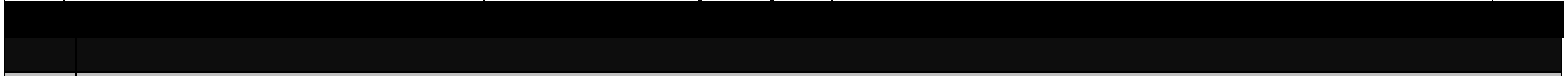
**POINT-OF-SALE AND eWIC INFORMATION**

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.	<b>Total</b> Number of Registers in Store (Including U-Scans):		f.	If integrated, who is your Third-Party Processor (TPP)? <input type="checkbox"/> FISERV <input type="checkbox"/> World Pay <input type="checkbox"/> First Data	
b.	Number of Registers with Scanning Devices:		<input type="checkbox"/> Other: _____		
c.	Number of Lanes		g.	Who is your Value-added Reseller?	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
e.	Identify the Point-of-sale (POS) system type:	<input type="checkbox"/> Integrated <input type="checkbox"/> Stand- beside device

h.	<p>Please check all forms of payment your store can accept.</p> <p> <b>Cash</b>    <b>EBT</b>    <b>Debit</b>    <b>Credit</b>    <b>Checks</b>  <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/> </p>
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**BANKING INFORMATION**

3. Enter information pertaining to where the store will deposit all WIC food instruments and cash value benefits. 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.	<b>Business Routing and Account Number</b>	
	ROUTING NUMBER	
	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.

1.	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 \$2,100.00?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c.	What was the actual percentage of annual <b>food</b> sales derived from the following types of payments for the prior tax year? <i>(Total must equal 100%)</i>	
		Cash/Personal Checks	%
		Debit/Credit Cards	%
		SNAP	%
		WIC Food Instruments	%
		<b>Total =</b>	100 %
	d.	<b>Annual Gross Sales.</b> Provide the annual gross sales earned by the store for the prior tax year.	
		Enter the Prior Tax Year:	
		Actual Gross Sales \$	\$
	e.	<b>Annual Exempt Sales</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Does the store sell Gasoline? <i>(If yes, provide actual sales of Gasoline from the prior tax year)</i>	\$
	f.	Does the store sell Georgia lottery tickets? <i>(If yes, provide actual sales of Georgia lottery tickets from the prior tax year)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$
	g.	Does the store sell vitamins and/or dietary supplements? <i>(If yes, provide actual sales of vitamins/dietary supplements from the prior tax year)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$
	h.	In addition to WIC/SNAP items, does the store sell any exempt non-SNAP/ non-Food (non-taxable) items? <i>(If yes, list the items – attach additional documentation as needed)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i.	Total sales of Non-Foods or non-SNAP eligible foods from the prior tax year that are exempt.	\$
	j.	Total number of Exempt Sales <i>(From the prior tax year)</i>	\$

## 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? <i>(Visit <a href="http://dph.georgia.gov/vendor-information">http://dph.georgia.gov/vendor-information</a> and select Approved Infant Formula Suppliers)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*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 Infant Formula Invoice within 3 months of the application date.)</i>
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Supplier		
Address		
City	State	Zip

Supplier		
Address		
City	State	Zip

2.	<p><b>STAPLE FOODS CATEGORIES CARRIED IN STOCK:</b> 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 <b>do not</b> include prepared foods or accessory foods, such as candy, condiments, spices, tea, coffee, or carbonated and un-carbonated drinks.</p>
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	What percentage of each item below does this store carry from the following food groups? <b>The total percentage <u>must</u> equal one hundred percent (100%).</b>
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%	A. Meats, Poultry and/or Seafood (refrigerated)
%	B. Breads and Cereal Products
%	C. Dairy (e.g., milk, cheese, yogurt, etc.)
%	D. Shelf Staples (e.g., flour, sugar, pasta, pudding mix, etc.)
%	E. Cans, Jars, Bottled Goods (e.g., mayo, ketchup, relish, etc.)
%	F. Beverages
%	G. Snack Foods (crackers, granola bars, etc.)
<b>100 %</b>	

3.

**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 <http://dph.georgia.gov/vendor-information> and select the link, "WIC Approved Foods (effective August 2021)".

Applicant vendors **must** submit purchase invoice receipts, bills of lading, or recent invoices that depict the purchase of all items intended for sale in their stores upon request. This includes WIC food items, non-WIC food items, household products, miscellaneous items, etc. Failure to submit the requested documentation within ten (10) days of the request will result in denial of the vendor application.

**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 1 Gal		Gallon (Most Expensive)	\$	
2.	Fat Free/Skim, Low-Fat (1%)		Gallon (Most Expensive)	\$	
3.	Dry Milk		Makes 3 quarts Gallon (Most 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 -8 pack		2 oz.	\$	
	Yogurt - Low Fat/Non-Fat -8 pack		4 oz.	\$	
	Yogurt - Low Fat/Non-Fat -4 pack		4 oz.	\$	
5.	Yogurt – Whole Fat -32 oz.		32 oz	\$	
	Yogurt – Whole Fat -8 oz.		8 oz	\$	

	Yogurt – Whole Fat -4 pack.		8 oz	\$	
6.	Cheese		16 oz. (1 Pound) (Most Expensive)	\$	
7.	Eggs (Grade A Large)		1 Dozen Carton (Most Expensive)	\$	
8.	Juice 48oz,12oz,11.5oz		(Most Expensive)	(Lot 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.	(Lot Size Here)	\$
14.	Beans/Peas/Lentils		15-16 oz. Cans (Most Expensive)	(Lot Size Here)	\$
	Beans/Peas/Lentils Dried		1 Pound Packages (Most Expensive)		\$
15.	Peanut Butter		16-18 oz. Jars (Most Expensive)	(Lot 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 (Most Expensive)	\$	
	Fish: Pink Salmon		6 oz. OR 14.75 oz. can (Most Expensive)	(Lot Size Here)	
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: <input type="checkbox"/> No: <input type="checkbox"/>	
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**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: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

## 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, audiotope, 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](mailto: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](mailto:wic-vendor.relations@dph.ga)