

GEORGIA WIC PROGRAM CORPORATE ATTACHMENT FORM PHARMACY 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 operating 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 because 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.	STORE INFORMATION: Telephone Number: () -	Fax Number: () -
	Email Mail Address (Required):	
	PHYSICAL LOCATION	
	Street Address/Rural Route:	
	City:	State: County: Zip +4

MAILING ADDRESS <i>(If different from above, a P.O. must be accompanied by a street address)</i>				
Street Address				
City		State		Zip + 4
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 and expiration date of the license and attach a copy of the license to this application.		# _____ Exp. Date: _____	
8.	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: _____	
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)? _____ / _____ / _____ Month Day Year		What date was the store acquired? _____/_____/_____ 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 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 an explanation identifying the nature of the violation(s), dates of denial/penalty imposed, and the effective date of the penalty.		<input type="checkbox"/>	Yes <input type="checkbox"/> No

<p>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? 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.</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____ Dates of Operation: _____</p>	<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	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?	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.	Please check all forms of payment your store can accept. <table> <tr> <td>Cash</td> <td>EBT</td> <td>Debit</td> <td>Credit</td> <td>Checks</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Cash	EBT	Debit	Credit	Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash	EBT	Debit	Credit	Checks							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

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: _____

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, 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