

# GEORGIA WIC PROGRAM

## APPLICATION FOR VENDOR AUTHORIZATION AND INSTRUCTIONS

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. Re-Application (Enter current vendor number) \_\_\_\_\_  Initial Application  
 (New Vendor must provide food sales data within six months of authorization.)
- B. Will this store participate as a corporate vendor?  Yes  No  
 a. If yes, how many store locations is applicant seeking WIC authorization for? \_\_\_\_\_. (Applicant must complete a Corporate Attachment form for each store.)
- C. Is this store expected to derive more than 50% of its annual food sales from the sale of WIC approved foods?  Yes  No
- D. Is this application submitted as a result of a change in the store's location?  Yes  No
- E. Will this store sell medical formula and special medical foods only?  Yes  No

### PART I - STORE IDENTIFICATION

1. Full Legal Name of Store \_\_\_\_\_ Store Number \_\_\_\_\_  
 Full Legal Name of Corporation (if applicable) \_\_\_\_\_  
 Registered Agent's Full Name (if applicable) \_\_\_\_\_  
 Store Manager's Full Name \_\_\_\_\_
2. Contact Information  
 Business Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Area Code Area Code  
 E-mail Address (**Required**) \_\_\_\_\_  
**Physical Location**  
 Street Address/Rural Route \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_  
 State \_\_\_\_\_ 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 (including administrative and storage area) \_\_\_\_\_
4. Food Sales Establishment License Number  
 (provide a copy of license) \_\_\_\_\_
5. Does this store now participate in SNAP (formerly the Food Stamp Program)? If yes, enter the FNS Number found on your SNAP Permit. (provide a copy of permit)  Yes  No

\_\_\_\_\_



11. 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 above that the business is either publicly owned corporation or government owned, **DO NOT complete this section.**

A.

1.

First Name	Middle Name	Last Name	Social Security Number
Date of Birth			

2.

First Name	Middle Name	Last Name	Social Security Number
Date of Birth			

3.

First Name	Middle Name	Last Name	Social Security Number
Date of Birth			

B.

Name of Registered Agent \_\_\_\_\_

Address of Registered Agent \_\_\_\_\_

12. **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? If yes, attach an explanation, identifying the person, the store name and location, the date the application was submitted, and the outcome of the application from the authorizing agency.

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**Ownership History**

13. A. Including this store, have any of the current owner(s), officer(s), or manager(s) ever owned or managed a business that violated the Georgia WIC Program, receiving a disqualification or assessment of a Civil Money Penalty? If yes, attach an explanation, identifying the person, the store/business name and location, vendor number, and the nature of the violation(s).  Yes  No
- B. Including this store, have any of the current owner(s), officer(s) or manager(s) ever owned or managed a business that violated the SNAP regulations, receiving a warning letter or was withdrawn, disqualified, or assessed a Civil Money Penalty? If yes, attach an explanation identifying the person, business name and location, the nature of the violation, and the nature of the violation.  Yes  No
- C. Have any of the current owner(s), officer(s), or manager(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? If yes, attach an explanation identifying the person, date and nature of violation.  Yes  No

- D. Do any of the current owner(s), officer(s), or manager(s) **currently** own or have any involvement with other WIC-approved stores, or any other entity that is applying for WIC authorization? If yes, attach a list of the store(s), including the store name and vendor number.  Yes  No
- E. Have any of the current owner(s), officer(s), or manager(s) **previously** owned or had any involvement with other WIC-approved stores? If yes, attach a list of the store(s), including the store name and vendor number.  Yes  No
- F. Do any of the current owner(s), officer(s), or manager(s) have relatives, who are related by blood or marriage, who own/have owned, or have current or previous involvement with a WIC-approved store(s)? If yes, attach a list that includes the name(s) of the individual(s), the name of the individual with whom they are related, the nature of the relationship, the store name, and the store's vendor number.  Yes  No
- G. Do any of the current owner(s), officer(s), or manager(s) have relatives, related by blood or marriage, who ever owned or managed a business that violated the Georgia WIC Program, receiving a disqualification or assessment of a Civil Money Penalty? If yes, attach an explanation, identifying the person, business name and location, vendor number, and the nature of the violation(s).  Yes  No

**PART III A – OPERATIONS AND SALES**

14. Hours of Business
- Check here if opened 24 hours each day
- Sunday \_\_\_\_\_
- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_

- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_

15. **Processes for Food Sales Transactions**

- A. Number of Cash Registers \_\_\_\_\_
- B. Number of Scanners \_\_\_\_\_
- C. Can Scanners detect WIC eligible foods?  Yes  No
- D. Does your store have a Point of Sale  Yes  No
- E. Please check all the forms of payment your store will be accepting.
- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <b>Cash</b>              | <b>EBT</b>               | <b>Debit</b>             | <b>Credit</b>            | <b>Checks</b>            |
|  | <input type="checkbox"/> |

16. **Bank Information.** Enter information pertaining to where you 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 Attachment form.

- A. Bank Name \_\_\_\_\_  
 Street Number & Name \_\_\_\_\_  
 City, State, and Zip+4 \_\_\_\_\_  
 Telephone Number (including Area Code) \_\_\_\_\_
- B. Business Banking Routing and Account Numbers
- a. Routing Number \_\_\_\_\_
- b. Account Number \_\_\_\_\_

**PART III B - OPERATIONS AND SALES – VENDOR COST CONTAINMENT**

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 10 (ten) days of the request will result in denial of the vendor application.

17. A. What is the estimated percent of annual **food** sales you anticipate will derive from the following types of payment? Total must equal 100%

Cash/Personal Checks \_\_\_\_\_%

Debit/Credit Cards \_\_\_\_\_%

Food Stamps \_\_\_\_\_%

WIC Food Instruments \_\_\_\_\_%

**Total 100%**

B. What is the estimated total amount of WIC redemptions you expect to redeem in the first year of participation in the WIC Program? (Provide a monetary amount, not a percentage)? \$\_\_\_\_\_

C. **Annual Gross Sales.** Check the appropriate box (Actual or Estimated) and provide the annual gross sales your store earned for the past 12 months, or is expected to earn in the next 12 months. Report estimated sales only if you do not have actual sales figures for the most recent tax year. If the store has been in operation for twelve months, provide actual gross sales. Check the sales figure you are providing. If giving estimated sales, you must provide a dollar amount for one year that is equal to one month times 12. You may be required to provide updated information when actual sales figures are available.

Actual Gross Sales \$ \_\_\_\_\_ For tax year \_\_\_\_\_

Estimated Gross Sales \$ \_\_\_\_\_ For tax year \_\_\_\_\_

D. Do you or will you sell Georgia lottery tickets?  Yes  No

E. Do you or will you sell any exempt (non-taxable) items in addition to WIC/SNAP items? If yes, list the items.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Do you or will you sell gasoline  Yes  No

G. Please list the other items your store sells or will sell other than WIC/SNAP items and unprepared foods (e.g., paper products, prepared/hot foods, clothing, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 uncarbonated drinks.

18. 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. Breads and Cereal Products
- \_\_\_\_\_ G. Snack Foods (crackers, granola bars, etc.)

19. A. Does/Has the current owner(s), officer(s), or manager(s) currently own/previously own(ed) or manage(d) a business where more than 50% of the total annual food sales is/was derived from the sale of WIC approved foods? If yes, identify the name of the store, vendor number (VN), and city and state that the store is/was located. Include stores located in Georgia and nationwide. Attach additional sheets of paper if you need more space.  Yes  No

1. Store Name	_____	VN	_____
City	_____	State	_____
2. Store Name	_____	VN	_____
City	_____	State	_____
3. Store Name	_____	VN	_____
City	_____	State	_____

20. 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? (see <http://wic.ga.gov/vendorinfo.asp> and select Approved Infant Formula Suppliers)  Yes  No

Note: Records of all infant formula purchases must be maintained according to the terms of the WIC Vendor Agreement, III, J.4.

B. If yes, indicate the name of the supplier, address, city and State. (Attach additional paper if necessary.)

Supplier	_____	Address	_____
City	_____	State	_____
Supplier	_____	Address	_____
City	_____	State	_____
Supplier	_____	Address	_____
City	_____	State	_____

## PART IV - INVENTORY AND PRICE LIST

Please enter the required information below for each food item you will have in your inventory. For the most current list of food brands that are WIC-Approved, visit the Georgia WIC Program website, at <http://wic.ga.gov/vendorinfo.asp> and select the link, "New WIC Approved Foods (effective December 1, 2011)".

Food Item	Brand Name	Size	Highest Price or Least Expensive where indicated	On-Site Price
21.	Juice	_____	46-48 oz indicate size _____	
		_____	64 oz _____	
22.	Cereal	_____	11-36 oz indicate size _____	
23.	Beans/Peas	_____	1 Pound Packages	
	/Lentils	_____	_____	
	Beans/Peas	_____	14-16 oz Cans	
	/Lentils	_____	indicate size _____	
24.	Peanut Butter	_____	16-18 OZ indicate size _____	
25.	Infant Cereal	_____	8 oz box	
	Gerber Good Start Gentle		12.1 oz Concentrate	
26.	Gerber Good Start Soy		12.1 oz Concentrate	
	Gerber Good Start Gentle		12.7 oz Can Powder	
27.	Gerber Good Start Soy		12.9 oz Can Powder	
28.	Whole Milk	_____	Gallon (Least Expensive)	
29.	2%, 1% or Skim Milk	_____	Gallon (Least Expensive)	
30.	Dry Milk	_____	Makes 3 quarts	
31.	Cheese	_____	16 oz (1 Pound)	
32.	Eggs (Large Only)	_____	1 Dozen Carton (Least Expensive)	
33.	Fresh Fruit	_____	10 Pounds	
34.	Fresh Vegetables	_____	10 Pounds	
35.	Whole Grain Bread	_____	16 oz Loaf	
36.	Fish	_____	Tuna - 5 oz can	
		_____	Pink Salmon - 7.5 or 14.75 oz can indicate size _____	
37.	Infant Fruits and Vegetables	_____	4 oz jar	
38.	Infant Meats	_____	2.5 oz jar	

Food Item	Brands (B) Types (T)	Size	Minimum Quantity
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You must ensure that your store(s) have the following inventory of WIC-Approved food items and a substantial amount of Non-WIC Inventory in stock by the date you specified in question 8.c. Below, are the lists for the minimum quantity for WIC-Approved and the minimum quantity for Non-WIC food items.

39.	Juice	2 (T)	46-48oz	12
40.	Juice	2 (T)	64 oz	12
41.	Cereal (2 types must be Whole Grain)	4 (T)	11-36 oz	24
42.	Dried Beans/Peas/Lentils	2 (T)	1 Pound Packages	5
43.	Canned Beans/Peas/Lentils	2 (T)	14-16 oz	18
44.	Peanut Butter	2 (B)	18 oz	6
45.	Infant Cereal (1 type must be rice)	2 (T)	8 oz	12
46.	Gerber Good Start Gentle (Concentrate)	1 (B)	12.1 oz	30
47.	Gerber Good Start Soy (Concentrate)	1 (B)	12.1 oz	20
48.	Gerber Good Start Gentle (Powder)	1 (B)	12.7 oz	50
49.	Gerber Good Start Soy (Powder)	1 (B)	12.9 oz	20
50.	Whole Milk	1 (B)	Gallon	8
51.	2%, 1% or Skim Milk	1 (B)	Gallon	12
52.	Dry Milk – non-fat <b>OR</b> Evaporated Milk	1 (B)	Makes 3 Quarts 12 oz	3 Boxes 12 Cans
53.	Cheese	2 (T)	16 oz (1 Pound)	8
54.	Eggs (Large Only)	1 (B)	1 Dozen	8
55.	Whole Grain Bread	1 (B)	16 oz Loaf	6
56.	Fruit (4 Types must be fresh)	4 (T)	10 Pounds (fresh, frozen or canned)	10 lbs
57.	Vegetables (4 Types must be fresh)	4 (T)	10 Pounds (fresh, frozen or canned)	10 lbs
58.	Fish Tuna Salmon	1 (T)	5 oz Can 7.5 -14.75 oz Can	18 combined
59.	Infant Fruits	2 (T)	4 oz	96
60.	Infant Vegetables	2 (T)	4 oz	combined
61.	Infant Meats	2 (T)	2.5 oz	31

## PART V - STATEMENTS AND CERTIFICATION

**PRIVACY ACT STATEMENT** – The collection of this information is authorized by Part 246.12 of Federal Regulations 7CFR, Ch.11 which governs the Special Supplemental Nutrition Program for Women, Infants and Children. It will be used to determine whether a store qualifies to participate in the WIC Program, monitor compliance with program regulations and for program management. The provision of the requested information, including the Federal Employer Identifier Number or Social Security Number, is voluntary. However, failure to provide information may result in the denial or termination of authorization to participate in the WIC Program. The purpose of collection of this information is for audit and enforcement of WIC regulations.

**WARNING STATEMENT** – Information in this application may be verified with other agencies. The authorization of the vendor to participate in the Georgia WIC Program can 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 conjunction with this application. WIC participation can be terminated if the business violates any laws or regulations issued by Federal or State programs including the Food Stamp Program and Food Stamp Program regulations.

### CERTIFICATION AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

1. I have authority to apply for authorization for this store to participate in the Georgia WIC Program.
2. I will update the information on this application as required by the WIC Program.
3. I affirm that all statements made in this application are true.

I authorize Georgia WIC to investigate my background for purposes of evaluating my vendor application. I understand that I may withhold my permission, and that in such case, no background check will be done and my vendor application will not be processed further.

### SIGNATURE

(no initials)

\_\_\_\_\_  
First Middle Last

DATE

\_\_\_\_\_

### PRINT NAME

(no initials)

\_\_\_\_\_  
First Middle Last

### TITLE

\_\_\_\_\_

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (866) 632-9992 (toll free) or 202-260-1026 (local).

Return application to:  
**DO NOT FAX**  
**DO NOT HAND DELIVER**

Georgia WIC Program  
Vendor Management Unit  
2 Peachtree Street, NW  
Suite 10-476  
Atlanta, Georgia 30303-3142  
Toll free **1-866-814-5468**

## INSTRUCTIONS FOR COMPLETING THE VENDOR APPLICATION

- A. Check appropriate box to indicate if application is a re-application or initial application. If application is a Re-application, please enter the current vendor number in the space provided.
- B. Answer “yes” or “no” if your store will participate as a corporate vendor.
- C. Answer “yes” or “no” if your store expects to derive more than 50% of its annual food sales from the sale of WIC approved foods.
- D. Answer “yes” or “no” if application submitted as a result of a change in store’s location?
- E. Answer “yes” or “no” if you will be selling medical formula (formula other than the contract formula) and special medical foods **only**.

### PART I - STORE IDENTIFICATION

1. **FULL LEGAL NAME OF STORE.** Enter the name of the store. Include the store number, if applicable. The WIC program defines a Corporate Vendor as a vendor that has more than one store with the same FEIN. If you qualify as a Corporate Vendor, you will need to enter “CA” (Corporate Attachment Form ) on this line, and complete the Corporate Attachment form for each store you are seeking to become a participant in the Georgia WIC program.  
**FULL LEGAL NAME OF CORPORATION (if applicable).** Enter the legal name of the corporation, limited liability company, or partnership under which the store(s) is licensed. Include the name of publicly owned and privately owned corporations. If the corporation has a division or department that is dedicated to handling WIC issues, include the name of the division or department after the name.  
**REGISTERED AGENT’S NAME.** If you are a corporation, limited liability company, or a partnership, enter the name of the person you have designated to serve as the business’ registered agent.  
**STORE MANAGER’S NAME.** Enter the name of the person who is responsible for this store location. If you qualify as a Corporate Vendor, enter “CA”, and provide this information in the section, “Store Contact and Title”, of the Corporate Attachment form for each store. You must also enter the email address for the manager for each store where indicated on the Corporate Attachment form.
2. **CONTACT INFORMATION.**  
**BUSINESS TELEPHONE NUMBER.** Enter the main telephone number of the store. **DO NOT LIST MOBILE TELEPHONE NUMBERS.** For Corporate Vendors, enter the main telephone number for the corporation’s home office. If the corporation has a division or department that is dedicated to handling WIC issues, enter the telephone number of the division or department. Include an extension, if applicable.  
**FAX NUMBER.** Enter the fax number for the store. For Corporate Vendors, enter the main fax number for the corporation’s home office. If the corporation has a division or department dedicated to handling WIC issues, enter the fax number of the division or department.  
**E-MAIL ADDRESS.** Enter the e-mail address for the manager listed above. For Corporate Vendors, enter the main e-mail address for the corporation’s home office, and include the email address of each store manager on the Corporate Attachment form where indicated.  
**PHYSICAL LOCATION.** Enter the street name and number, City, County, State and zip code for the store. For Corporate Vendors, enter “CA”. **DO NOT** enter a post office box address here.  
**MAILING ADDRESS.** Enter the street name and number, city, state, and zip code for the store, if different from the store’s physical location. For Corporate Vendors, enter the mailing address of the corporation’s home office. If the corporation has a division or department dedicated to handling WIC issues, include the floor/suite of the department or division. You must provide proof of a lease for a minimum period of three years, or provide proof of ownership (e.g., a copy of an executed lease agreement, a copy of a bill of sale).

3. **SQUARE FOOTAGE.** Enter the store's total square footage, including those areas of the store that are used for storage and administrative purposes. Corporate Vendors should enter "CA", and enter the square footage on the Corporate Attachment form for each applying store, where indicated.
4. **FOOD SALES ESTABLISHMENT LICENSE NUMBER.** Enter the Food Sales Establishment License Number that is issued in the current owner's name. The owner's name that is listed on the application must match the name on the license. Some pharmacies and military commissaries may not be required to have this license and should enter Not Applicable (N/A). Corporate Vendors need to enter "CA", and provide this information on the Corporate Attachment forms for each applying store. You must attach a copy of this license to the application.
5. **SNAP AUTHORIZATION.** Answer "YES" or "NO". If YES, enter the authorization number for this location and attach a copy of the SNAP permit. Corporate vendors should enter "CA" and provide this information for each store on the Corporate Attachment form.
6. **TYPE OF BUSINESS.** Check the box that best fits the type of business for your store. The following are brief definitions for each type of business entity listed on the vendor authorization application.:
  - **Independent** - A store that is independently owned by a person or group.
  - **Chain** - A business entity that has multiple locations throughout one or more states.
  - **Commissary** - A military outlet that provides goods and services for military personnel and their families. Commissaries receive exemptions through the 1983 Memorandum of Understanding between the Food and Nutrition Service and the United States Department of Defense.
  - **Pharmacy** - If you are a pharmacy, you must be licensed by the Georgia Board of Pharmacy. A pharmacy may participate in WIC to redeem exempt and/or special infant formulas, including medical foods ONLY. No contract brand infant formula or other standard WIC-approved food sales are allowed for pharmacies.
7. **FEDERAL EMPLOYER IDENTIFICATION NUMBER.** Enter the Federal Employer Identification Number (FEIN) assigned to the store by the Internal Revenue Service (IRS). If the owner is a sole proprietor and does not have a FEIN, enter the owner's Social Security Number (SSN). If a FEIN is entered, DO NOT enter the SSN. For Corporate Vendors, enter "CA", and include the FEIN on the Corporate Attachment form for each store.
8. Answer the questions regarding minimum inventory and opening date.
  - A. Answer "yes" or "no" as to whether this store is dependent upon WIC authorization before it can open for business.
  - B. **ACQUISITION DATE.** You must provide the full name of the prior owner(s) of the store. Please remember to attach a copy of the executed lease agreement or bill of sale. A lease agreement must be for a minimum of three years.
  - C. **OPENING DATE** - Enter the specific month, day, and year that the store will open under the applying owner(s). If the store is currently open for business at the time of application, enter the official date the store opened or the date a change of ownership became effective. Enter Not Applicable (N/A) if the store is currently authorized as a WIC vendor and is re-applying for authorization.
  - D. **MINIMUM INVENTORY** - Enter the specific month, day and year that **ALL** required quantity and variety of WIC approved foods and non-WIC food items (including perishables) will be in stock and ready for inspection. *See Selection Criteria for Vendor Authorization*, at <http://wic.ga.gov/vendorinfo.asp> for exact quantities for each category of food items. Enter "Not Applicable" (N/A) if the store is currently authorized as a WIC vendor and is re-applying for authorization.
9. Answer the questions regarding ownership history of the applying store.
  - A. **RELATIONSHIP TO OWNER.** Check "yes" or "no" to indicate if you are related to the previous owner(s) by blood or marriage. If yes, indicate the nature of the relationship.
  - B. **OTHER WIC-AUTHORIZED STORES.** Check "yes" or "no" to indicate if the store's prior owner(s) have owned or currently own other WIC-authorized stores. If yes, list the store

name and the WIC vendor number in the space provided. Attach additional paper if necessary. Corporate vendors enter "CA".

- C. PREVIOUS GEORGIA WIC VIOLATIONS. Check "yes" or "no" to indicate if the previous owner(s) ever violated the Georgia WIC Program, for this store or another store(s)/business(es), by receiving a warning, disqualification, or assessment of a civil money penalty. If yes, attach an explanation identifying the store name, nature of the violation, penalty imposed, and date the penalty became effective.
- D. PREVIOUS SNAP VIOLATIONS. Check "yes" or "no" to indicate if the previous owner(s) ever violated SNAP, for this store or another store(s)/business(es), by receiving a warning, disqualification, or assessment of a civil money penalty. If yes, attach an explanation identifying the store name, nature of the violation, penalty imposed, and date the penalty became effective.
- E. OPERATION UNDER ANOTHER NAME. Check "yes" or "no" to indicate if the store has ever operated under another name. If yes, indicate the name.

## PART II – STORE OWNERSHIP AND MANAGEMENT

10. TYPE OF OWNERSHIP. Check the business entity structure that most closely represents your business/store:
- **Sole proprietorship.** A business that is owned by a single individual.
  - **Partnership.** A business that is owned by two or more individuals.
  - **Limited Liability Company (LLC).** A business combining both corporations and partnerships in that the business is required to register with the Secretary of State but does not have the same filing and record maintenance requirements as a corporation.
  - **Privately-owned corporation.** For purposes of this application, a privately-owned corporation has shares or stock that are not traded on a stock exchange, nor are available for purchase by the general public.
  - **Publicly-owned corporation.** For purposes of this application, a publicly-owned corporation has shares or stocks that are traded on a stock exchange and are available for purchase by the general public.
  - **Government owned entity.** A business entity that may include commissaries, pharmacies, or clinics that are owned and operated by county, state, or federal government agencies.
  - **Nonprofit.** A corporation that has been granted nonprofit, tax exempt status from the Internal Revenue Service.

You must provide documentation to verify the business entity. Documentation may include the following:

- |                           |                                         |
|---------------------------|-----------------------------------------|
| • Sole proprietorship     | N/A                                     |
| • Partnership             | Certificate of Limited Partnership      |
| • Corporation             | Articles of Incorporation               |
| • Government-owned Entity | Any license and/or certificate required |
| • Nonprofit               | N/A                                     |

11. NAMES OF INDIVIDUALS WITH AN OWNERSHIP/FINANCIAL INTEREST IN THE APPLYING STORE.

A. Enter the full name, Social Security number, and date of birth for **all** owners who have a 5% or greater interest in the store. Attach additional paper if necessary. Initials or shortened versions of a name are not acceptable. Do not complete if the store is government owned or a publicly-owned corporation

B. Registered Agent. Enter full name, mailing address for the stores' registered agent.

12. PRIOR WIC APPLICATIONS. Check "yes" or "no" to indicate if the current owner(s), officer(s), or manager(s) have previously applied for vendor authorization to the Georgia WIC program on behalf of this store and/or other store(s)/business(es). If yes, provide the name of the store, the application date, and the determination made by the authorizing agency.

13. OWNERSHIP HISTORY.

A. PREVIOUS GEORGIA WIC VIOLATIONS. Check "yes" or "no" to indicate if the current owner(s), officer(s), or manager(s) have ever violated Georgia WIC Program by receiving a

- disqualification, termination, or an assessment of a civil money penalty. If yes, attach an explanation identifying the date, the person, store name and address, vendor number, nature of the violation, and the sanction imposed.
- B. PREVIOUS SNAP (formerly, Food Stamps) VIOLATIONS. Check “yes” or “no” to indicate if the current owner(s), officer(s), or manager(s) have ever violated the SNAP Program by receiving a warning, disqualification, or have been assessed a civil money penalty. If yes, attach an explanation identifying the date, person, store name and address, and nature of the violation.
  - C. CONVICTIONS/JUDGEMENTS. Check “yes” or “no” to indicate if the current owner(s), current officer(s), or manager(s) ever had a civil judgment involving 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. If yes, attach an explanation identifying the person, date and nature of the violation.
  - D. CURRENT WIC INVOLVEMENT. Check “yes” or “no” to indicate if the current owner(s), officer(s), or manager(s) currently own or are otherwise involved with other WIC-authorized stores either in the State of Georgia or outside of Georgia. If yes, attach a list that identifies his/her name, the name and address of the store(s), and vendor number.
  - E. PRIOR WIC INVOLVEMENT. Check “yes” or “no” to indicate if the current owner(s), officer(s), or manager(s) previously owned, or were otherwise involved with other WIC-authorized stores either in the State of Georgia or outside of Georgia. If yes, attach a list that identifies his/her name, the name and address of the store(s), and vendor number.
  - F. PRIOR OR CURRENT WIC INVOLVEMENT BY FAMILY MEMBERS. Check “yes” or “no” to indicate if the current owner(s), officer(s), or manager(s) have relatives, who are related by blood or marriage, who have currently own or previously owned, or have otherwise had involvement with WIC-authorized stores in the State of Georgia or outside of Georgia. If yes, attach a list that includes the name of the owner/officer/manager, the name of the family member, the nature of their relationship, the store name and address, and vendor number.
  - G. RELATIVES WHO HAVE VIOLATED WIC. Check “yes” or “no” to indicate if the current owner(s), officer(s), or manager(s) have relatives, who are related by blood or marriage, who have had store(s)/business(es) that violated the Georgia WIC Program by receiving a disqualification, termination, or been assessed a Civil Monetary Penalty. If yes, attach a list that includes the name of the owner/officer/manager, the name of the family member, the nature of their relationship, the store name and address, type of violation, and the sanction imposed.

### **PART III A – OPERATIONS AND SALES**

- 14. HOURS OF BUSINESS. Enter the hours the store is actually open for business each day. For Corporate Vendors, enter the hours that the majority of the stores are actually open for business, and enter the specific hours of operation on the Corporate Attachment form for each store.
- 15. PROCESSES FOR FOOD SALES TRANSACTIONS.
  - A. NUMBER OF CASH REGISTERS. Enter the number of cash registers in the store. For Corporate Vendors, enter the average number of cash registers per store on the application, and enter the exact number of cash registers for each applying store where indicated on the Corporate Attachment Form.
  - B. NUMBER OF SCANNERS. Enter the number of scanners in the store. Corporate vendors must enter the average number of scanners per store on the vendor application but must enter the exact number of scanners per store on the Corporate Attachment Form.
  - C. OPTICAL SCANNERS. Check “yes” or “no” if the scanner(s) can detect WIC eligible products.
  - D. POINT OF SALE (POS) DEVICES. Check “yes” or “no” if there is a Point of Sale device at each register. (The POS device is the machine used to swipe credit or debit cards at each checkout.)
  - F. Check all the types of payment your store will/does accept.
- 16. BANK INFORMATION. Enter the name and contact information of the banking institution where all WIC food instruments and cash value vouchers will be deposited. You must also enter the routing number and account number for that account.

### PART III B – OPERATIONS AND SALES – VENDOR COST CONTAINMENT

17. A. Enter the percentage of sales you anticipate for each type of payment that is listed. For current vendors who are completing this application for reauthorization purposes, provide percentages based on actual food sales from the previous year.  
B. ESTIMATED AMOUNT OF WIC REDEMPTIONS. Enter a dollar amount for the total amount of WIC redemptions you expect to redeem in the first year of participation in the WIC program.  
C. ANNUAL GROSS SALES. Enter the amount you have actually made in food sales to date for the year, or enter the amount you anticipate making for the year in food sales. If you have recently acquired an existing store and have less than 12 months of food sales data, check the box labeled “Estimated Gross Sales” and provide an estimate based upon projected sales you expect.  
D.-F. Answer “yes” or “no”.  
G. List all other items your store carries in addition to WIC items (e.g., paper products, prepared/hot foods, clothing, supplements, etc.). Do Not Include non-WIC staple foods in this list (see Question 18).
18. STAPLE FOODS CATEGORIES. Enter the percentage of what you carry next to each category of food. Percentage totals must equal 100%. If you recently acquired a previously owned store, use the food sales history from the previous owner, and enter the percentage of foods in each category you anticipate you will carry.
19. Answer “yes” or “no” if any owners or managers of this store currently owns or manages a WIC authorized store(s) that derives more than fifty percent (50%) of its total annual food sales from WIC voucher transactions. If yes, enter the store name, vendor number assigned by the authorizing WIC agency, city, and state.
20. A. Indicate if you purchased infant formula, which will be used with WIC food instruments, from approved suppliers. For a comprehensive list of all suppliers who are listed on the Approved Infant Formula Supplier list, visit <http://wic.ga.gov/vendorinfo.asp> and select Approved Infant Formula Suppliers. (This DOES NOT include medical foods and specialized infant formula).  
B. If yes, enter each supplier’s name, address, city, and state.

### PART IV – INVENTORY AND PRICE LIST

Enter the **brand name** and **highest price or least expensive price** of each approved WIC food item in the sizes listed. Use the current WIC-Approved Foods List to complete this section. For those food items that include a range of sizes (e.g., 46-48 oz.), you must indicate the size of the item and the price for that specific item. Do not complete the shaded area.

**Corporate vendors:** List the brand and highest price or least expensive price that exists among all the stores in the chain. For each store, complete the inventory and price list on the Corporate Attachment form.

**Pharmacy Vendors:** Do not complete Part IV.

**Corporate and Non-Corporate Vendors:** Please make sure your store(s) have the requisite inventory of WIC-approved foods as listed in the most recent update to the “Georgia WIC Program Minimum Inventory Requirements”. You must also have the requisite substantial inventory of non-WIC food items. For guidance, refer to the reference to the “Non-WIC Inventory Requirement” chart. All WIC-approved and non-WIC food items must be in stock by the date you specified in question 8.c. of this application. Pharmacies and military commissaries are exempt from the minimum inventory requirement.

Review the Privacy Act Statement, Warning Statement and Certification.

**An owner or authorized representative must sign, print name, and date the application. Initials or a shortened version of a name are not acceptable.**