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.	☐	New Application	☐	Re-Authorization (***Enter current vendor number***) VN# _____
	☐	Addition of New Store Locations ***(Attach list of existing WIC authorized stores owned by the corporate vendor.)***		
	(New Vendors must provide food sales data within six months of authorization)			

B.	1. Is this store owned by a corporate entity?	☐	Yes	☐	No
	2. Enter the total number of stores for which the applicant is seeking authorization. ***(If seeking authorization for two or more stores, applicant must complete a Corporate Attachment form for each store.)***	_____			
	3. How many food stores are owned by applicant ***(This includes stores located within and outside Georgia, as well as those stores for which the applicant is NOT seeking WIC authorization.)***	_____			
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.	Does this store location sell special infant formula, including 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:			
	CONTACT INFORMATION			
2.	Business Telephone Number: ( ) -		Fax Number: ( ) -	
	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 (***excluding administrative and storage area***) _____			

4.	a. 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. _____
	b. 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. _____

5.	Does this store currently participate in SNAP (***formerly the Food Stamp Program***)? If yes, enter the FNS Number found on your SNAP permit and attach a copy of the permit to this application. # _____	☐ Yes	☐ No	

Type of Business – Check (√) Only One

6.	☐	Independent	☐	Commissary
	☐	Chain	☐	Pharmacy License ***(provide a copy of license)*** License #

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?	☐ Yes	☐ No		
	b. How was the store acquired? ☐ Sale ☐ Lease ***(Provide a copy of bill of sale or executed lease if applicable)*** From whom was the store acquired? _____	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*			
9.	**a.** Are you related to previous owner(s) by blood or marriage? If yes, what is the relationship? _____	☐ Yes	☐ No		
	b. Has the owner(s) ever owned a business(es) authorized by the Georgia WIC Program? If yes, list stores below: (***Attach additional documentation, if necessary)***	☐ Yes	☐ 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? ***(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.)***	☐ Yes	☐ No		
	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? ***(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.)***	☐ Yes	☐ No		
	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? ***(If yes, attached an explanation identifying the store and location, specific penalty imposed, and theeffective date of the penalty. Attach additional documentation, if necessary.)***	☐ Yes	☐ No		

	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. ***(Attach additional documentation, if necessary.)***	☐	Yes	☐	No
	Name: _____ Address: _____ _____ Dates of Operation: _____				

PART II – STORE OWNERSHIP AND MANAGEMENT

10.	Type of Ownership – **Check (√) one** and attach relevant documentation (see instructions for details).	☐	Yes	☐	No

☐	Sole proprietorship	☐	Privately owned corporation	☐	Government owned
☐	Partnership	☐	Publicly owned corporation	☐	Limited Liability Corporation

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 in Question #10 that the business is either a publicly owned corporation or government owned, **skip this section.**

	First Name	Middle Name	Last Name	Social Security Number
a.	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 / /			
b.	Name of Registered Agent:			
	Address of Registered Agent:			

12. **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? ***(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.)***	☐ Yes ☐ No
13. **Ownership History** a. 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? ***(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).***	☐ Yes ☐ No
b. 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? ***(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).***	☐ Yes ☐ No
c. 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? ***(If yes, attach an explanation identifying the person, the date of the judgment and the nature of the violation).***	☐ Yes ☐ No
d. 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? ***(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).)***	☐ Yes ☐ No
e. 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? ***(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).)***	☐ Yes ☐ No
f. 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. ***(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).)***	
g. 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. ***(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).***	
h. 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. ***(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. 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. ***(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).***	

PART III.A. – OPERATIONS AND SALES

Hours of Business						
14.	☐ 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.

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 device? ☐ Yes ☐ No
e. Please check all forms of payment your store will be accepting.

Cash	**EBT**	**Debit**	**Credit**	**Checks**
☐	☐	☐	☐	☐

16. **Bank Information.** 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 Attachment Form.

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 III.B. - OPERATIONS AND SALES – 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.

17. 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? ☐ 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 _____

18. **Annual Exempt Sales**

a. Does the store sell Gasoline? (***If yes, provide actual sales of Gasoline from the prior tax year*** ☐ Yes ☐ No

$_____

b. Does the store sell Georgia lottery tickets? (***If yes, provide actual sales of Georgia lottery tickets from the prior tax year)*** ☐ Yes ☐ No

$_____

c. Does the store sell vitamins and/or dietary supplements? ☐ Yes ☐ No

(If yes, provide actual sales of vitamins/dietary supplements from the prior tax year)

$_____

d. In addition to WIC/SNAP items, does the store sell any exempt non-SNAP/non-Food (non-taxable) items? ☐ Yes ☐ No

(If yes, list the items – attach additional documentation as needed)

_____

_____

_____

(For list of non-taxable items visit https://etax.dor.ga.gov/salestax/TLP_2011_List_of_Sales_and_Use_Tax_Exemptions.pdf)

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

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

g. Are "WIC" sales from the prior tax year less than $2,000.00? ☐ Yes ☐ No ☐ N/A

PART IV - INVENTORY AND PRICE LIST

19.	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 http://dph.georgia.gov/vendor-information 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.		

b. If yes, indicate the name of the supplier, address, city, State and zip. ***(Attach additional documentation as necessary.)***

Supplier		
Address		
City	State	Zip
Supplier		
Address		
City	State	Zip

20. **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 %	

21. **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 and select the link, "WIC Approved Foods (**effective January 15, 2014**)".

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.

MINIMUM WIC-ELIGIBLE INVENTORY					
	Food Item	**Brand or Type**	**Size**	**Highest Price or Least Expensive where indicated**	**On Site Price** Office Use Only
1.	Juice 100%		48 oz	$	
2.	Vitamin C fortified Calcium fortified allowed		64 oz		
3.	Cereal		11-36 oz (indicate size)		
4.	Beans/Peas/Lentils		1 Pound Packages		
	Beans/Peas/Lentils		15-16 oz Cans (indicate size)		
5.	Peanut Butter		16-18 oz Jars (indicate size)		
6.	Dry Infant Cereal		8 oz Containers		
7.	Gerber Good Start Gentle		12.1 oz Concentrate		
	Gerber Good Start Gentle		12.7 oz Powder		
	Gerber Good Start Soy		12.9 oz Powder		
8.	Whole Milk		Gallon (Least Expensive)		
9.	Fat Free/Skim Milk, Low Fat (1%), Reduced Fat (2%)		Gallon (Least Expensive)		
10.	Nonfat Dry Milk		Makes 3 quarts		
11.	Cheese		16 oz (1 Pound) (Least Expensive)		
12.	Eggs (Grade A Large)		1 Dozen Carton (Least Expensive)		
13.	Fresh Fruit and Vegetables		Fresh: 20 types combined fruits and vegetables		
14.	Whole Grain Bread		16 oz Loaf		
15.	Fish: Tuna (water packed)		5 oz. can (indicate size) Least Expensive		
	Fish: Pink Salmon		6 oz. OR 14.75 oz. can (indicate size) Least Expensive		

16.	Infant Fruits and Vegetables		4 oz Jar or 2x3.5 oz		
17.	Infant Meats		2.5 oz Containers		

PART V – 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 in this application are true.
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
(No initials) _____ DATE_____

PRINT NAME _____
(No initials)

TITLE _____

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Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

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

INSTRUCTIONS FOR COMPLETING THE VENDOR APPLICATION

A. Check the appropriate box to indicate if the application is a new application for authorization, a re-authorization application, or if this application is associated with the addition of new stores by a corporate vendor. If application is a reauthorization application, please enter the current vendor number in the space provided. If the application is associated with the addition of new stores, attach a list of existing WIC authorized stores owned by the corporate vendor.

B.1. Answer "yes" or "no" if the applying store is owned by a corporate entity.

B.2. Enter the total number of food store locations for which the applicant is seeking authorization. If the applicant is seeking authorization for two or more stores, complete a Corporate Attachment Form must be completed for each store.

B.3. Enter the total number of food store locations owned by the applicant. This includes those stores that are located within and outside Georgia, as well as those stores that are not WIC authorized and those stores for which the applicant is NOT seeking WIC authorization.

C. Answer "yes" or "no" if the 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 is being submitted as a result of a change in the store's location.

E. Answer "yes" or "no" if the store location sells exempt (non-contract) or special infant formula, including medical foods, **only**. **Please note: ONLY LICENSED PHARMACIES SEEKING WIC AUTHORIZATION ARE AUTHORIZED TO REDEEM SUCH PRODUCTS**.

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 an authorized vendor that is owned by a corporate entity. If applying for WIC authorization for multiple stores that are owned by a corporate entity, enter "CA" (Corporate Attachment Form) on this line and complete a Corporate Attachment form for each store.

   FULL LEGAL NAME OF CORPORATION (if applicable). Enter the legal name of the corporation, limited liability company, or partnership that owns the store. If the corporate entity 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. Enter the name of the person designated to serve as the registered agent for the corporate entity, limited liability company, or partnership.

   MANAGER'S NAME. Enter the name of the person who is responsible for this store location. For Corporate Vendors enter "CA", and provide this information in the section, "Store Contact and Title", of the Corporate Attachment form for each store. 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 point of contact for the store. For Corporate Vendors, enter the main e-mail address for the corporation's home office on the application, and include on the Corporate Attachment form (where indicated) the email address for the designated point of contact for each store.

PHYSICAL LOCATION. Enter the street name and number, city, county, State and zip code for the store's physical location. For Corporate Vendors, enter "CA" and provide this information for each store on the Corporate Attachment Form. **DO NOT enter a post office box address.** Also, attach a copy of the lease for the store location for a minimum period of three years or attach a copy of the deed for the store location.

MAILING ADDRESS. If the mailing address for the store is different from its physical location, provide the mailing address here. For Corporate Vendors, enter the mailing address of the corporation's home office and enter the mailing address for each store location on the Corporate Attachment Form. If the corporation has a division or department dedicated to handling WIC issues, include the floor/suite of the department or division.

3. SQUARE FOOTAGE. Enter the store's square footage of retail space that is open to the public, excluding those areas of the store that are used for office space or storage purposes. Attach documentation reflecting the store's square footage (e.g., diagram prepared by a licensed architect or obtained from the county tax assessor's office). For Corporate Vendors, enter "CA" in this section and enter the square footage on the Corporate Attachment Form for each store.

4. a. FOOD SALES ESTABLISHMENT LICENSE NUMBER. Enter the Food Sales Establishment License Number that is issued in the current owner's name and attach a copy of the license to the application. The name of the owner(s) listed on the application **must** match the name on the license. **Applying pharmacies and military commissaries are not required to provide this information and must enter Not Applicable (N/A).** Corporate Vendors must enter "CA", and provide this information on the Corporate Attachment form for each applying store.

b. BUSINESS LICENSE. Enter the business license number and its expiration date and attach a copy of the business license to the application.

5. SNAP PERMIT. Answer "YES" or "NO" and enter the FNS number, if applicable. Applicants must attach a copy of the SNAP permit. Corporate vendors must enter "CA" and provide this information on the Corporate Attachment Form for each applying store.

6. TYPE OF BUSINESS. Check the box that best describes the 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 -** An individual or organization, whether corporate or non-corporate, that owns 20 or more locations within and outside the State of Georgia.
- **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 -** A pharmacy that is licensed by the Georgia Board of Pharmacy. A pharmacy may participate in WIC to redeem exempt and/or special infant formulas, including special medical foods, ONLY. Enter the pharmacy license number and attach a copy of the license to the application.

7. a. 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). For Corporate Vendors, enter "CA", and include the FEIN on the Corporate Attachment Form for each applying store.

   b. SOS CONTROL NUMBER. If the applicant's business is registered with the Secretary of State's Corporations' Division, enter the control number that was assigned to the business. If the store does not have a control number, enter "N/A".

8. MINIMUM INVENTORY AND OPENING DATE.
   a. Answer "yes" or "no" whether this store is dependent upon WIC authorization to sustain its business operation.
   b. ACQUISITION DATE. If the store was purchased from a prior owner, provide the name of the prior owner, the date the purchase occurred, and a copy of the bill of sale or closing documents. If the store is leased, attach a copy of the lease agreement. **A lease agreement must be for a minimum of three years**.
   c. 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. To access the minimum inventory requirements, visit http://dph.georgia.gov/vendor-information and select "WIC Minimum Inventory Requirements". If the store is a pharmacy or military commissary, or if the store is applying for reauthorization, enter "N/A".

9. PREVIOUS OWNER'S HISTORY.
   a. RELATIONSHIP TO OWNER. Check "yes" or "no" to indicate if the store's current owner(s), partner(s), or corporate officer(s) are related to the previous owner(s) by blood or marriage. If yes, specify the individual and the nature of the relationship.
   b. OTHER WIC-AUTHORIZED STORES. Check "yes" or "no" to indicate if the prior owner(s) own other WIC authorized stores. If yes, enter each store's name and the WIC vendor number(s) in the space provided. Attach additional documentation if necessary.
   c. PREVIOUS OWNER'S GEORGIA WIC SANCTION HISTORY. Check "yes" or "no" if the previous owner(s) ever owned a store(s) that was disqualified, terminated, or assessed a Civil Money Penalty while an active Georgia WIC vendor. If yes, attach an explanation identifying the store, specific penalty imposed, and the effective date of the penalty.
   d. PREVIOUS OWNER'S WIC SANCTION HISTORY FROM ANOTHER STATE. Check "yes" or "no" if 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. If yes, attach an explanation identifying the store, the specific penalty imposed, and the effective date of the penalty.
   e. PREVIOUS OWNER'S SNAP HISTORY. Check "yes" or "no" to indicate if the previous owner(s) ever owned a store(s)/business(es) that was withdrawn, disqualified, or terminated from SNAP, or which received an assessment of a Civil Money Penalty. If yes, attach an explanation identifying the store name, the specific penalty imposed, and effective date of the penalty.

f. OPERATION UNDER ANOTHER NAME. Check “yes” or “no” to indicate if the store has ever operated under another name. If yes, list the store name(s), store location(s) and the dates of operation under that name.

Part II – STORE OWNERSHIP AND MANAGEMENT

10. TYPE OF OWNERSHIP. Check the type business entity structure that best describes how your store is owned:
    - **Sole proprietorship.** A business that is owned by a single individual.
    - **Partnership.** A business that is owned by two or more individuals.
    - **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.
    - **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.

    You must attach all documentation to verify the type of business entity you selected. Documentation may include the following:

Type of Business Structure	Documentation Required
• Sole proprietorship	N/A
• Partnership	Certificate of Limited Partnership
• Corporation	Articles of Incorporation
• Government-owned Entity	Any license and/or certificate required
• Limited Liability Company	Articles of Organization

11. OWNERSHIP/FINANCIAL INTEREST IN STORE.
    a. Enter the full name, Social Security number, and date of birth for each person who has a 5% or greater ownership/financial interest in the store. Attach additional documentation, if necessary**. Provide the full name of each individual and his/her social security number and date of birth. Do not complete this section if the store is government owned or a publicly-owned corporation.**
    b. Registered Agent. Enter full name and mailing address of the person designated to serve as the registered agent for the corporate entity, limited liability company, or partnership.

12. PRIOR WIC APPLICATION SUBMISSION(S). Check “yes” or “no” to indicate if the current owner(s), partner(s), or corporate officer(s) have ever applied for vendor authorization to the Georgia WIC program on behalf of this store and/or other store(s). 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.

13. CURRENT OWNER’S HISTORY
    a. PREVIOUS GEORGIA WIC SANCTION HISTORY. Check “yes” or “no” to indicate if the current owner(s), partner(s), or corporate officer(s) have ever owned or managed

a store/business that was disqualified, terminated, or assessed a Civil Money Penalty while an active Georgia WIC vendor. If yes, attach an explanation, identifying the individual, the store name and location, store vendor number, the basis for the sanction imposed and the effective date of the sanction.

b. PREVIOUS SNAP (formerly Food Stamps Program) SANCTION HISTORY. Check "yes" or "no" if the current owner(s), partner(s), or corporate officer(s) have ever owned or managed a store that was disqualified, terminated, or assessed a Civil Money Penalty from SNAP. If yes, attach an explanation, identifying the individual, the store name and location, the store's SNAP permit number, the basis for the sanction imposed and the effective date of the sanction.

c. CONVICTIONS/JUDGMENTS. Check "yes" or "no" to indicate if the current owner(s), partner(s), or corporate officer(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, the date of the judgment and nature of the violation.

d. CURRENT WIC INVOLVEMENT. Check "yes" or "no" to indicate if the current owner(s), partner(s), or corporate officer(s) currently own or are otherwise involved with other WIC-approved stores either in the State of Georgia or outside of Georgia. If yes, attach a list identifying the store the name of the current owner(s), partner(s), or corporate officer(s) , the store name and address, and the store's vendor number.

e. PRIOR WIC INVOLVEMENT. Check "yes" or "no" to indicate if the current owner(s), partner(s), or corporate officer(s) previously owned, or were otherwise involved with other WIC-approved stores either in the State of Georgia or outside of Georgia. If yes, attach a list that includes the name of the current owner(s), partner(s), or corporate officer(s), the store name and address of the store(s), and the store's vendor number.

f. PRIOR OR CURRENT WIC INVOLVEMENT BY RELATIVES. Identify whether the current owner(s), partner(s), or corporate officer(s) have relatives, who are related by blood or marriage, who have currently or previously owned, or have otherwise had involvement with WIC-approved stores in the State of Georgia or outside of Georgia. If yes, attach a list that includes the name of the owner(s), partner(s), or corporate officer(s), the name of the relative, the nature of their relationship, the store name and address, and the store's vendor number.

g. RELATIVES WHO HAVE RECEIVED WIC PENALTIES. Identify whether the current owner(s), partner(s), or corporate officer(s) has a relative(s), related by blood or marriage, who currently or previous owned or has otherwise had involvement with a WIC-approved store(s) that were disqualified from the Program, terminated from the Program, or were assessed a Civil Money Penalty. If yes, attach an explanation identifying the name of the owner(s), partner(s), or corporate officer(s), 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.

h. PRIOR OR CURRENT WIC INVOLVEMENT BY BUSINESS AFFILIATES. Identify whether the current owner(s), partner(s), or corporate officer(s) have business affiliates who have currently or previously owned, or have otherwise had involvement with, WIC-approved stores in the State of Georgia or outside of Georgia. If yes, attach a list that includes the name of the owner(s), partner(s), or corporate officer(s), 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. BUSINESS AFFILIATES WHO HAVE RECEIVED WIC PENALTIES. Identify whether the current owner(s), partner(s), or corporate officer(s) has business affiliates, who currently or previously owned or have otherwise had involvement with WIC-approved stores that were disqualified from the Georgia WIC Program, terminated from the Georgia WIC Program, or were assessed a Civil Money Penalty.

If yes, attach a list that includes the name of the owner(s), partner(s), or corporate officer(s), 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.

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 "CA" and provide the specific hours of operation on the Corporate Attachment form for each applying store.

15. PROCESSES FOR FOOD SALES TRANSACTIONS. Enter the required information (a-e) pertaining to the method(s) used by the store to process food transactions. For Corporate Vendors, enter "CA" and provide this information on the Corporate Attachment Form for each applying store.

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. The routing number and account number for that account must also be listed. For Corporate Vendors, enter "CA" and provide this information on the Corporate Attachment Form for each applying store. NOTE: The banking information entered MUST match the banking information entered on the ACH form. Further, if the store's banking information changes, Georgia WIC must be notified within two business days of the change.

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

17. SNAP ELIGIBLE, EXEMPT AND NON-EXEMPT FOOD SALES INFORMATION. Applicants MUST attach to the application a signed and notarized Georgia Department of Revenue (GDOR) Form RD1062 AND its prior tax year sales return. Georgia WIC has prepared a prefilled Form RD1062 that must be completed and included with the application. To download the prefilled Form RD1062, visit http://dph.georgia.gov/vendor-information and select "Form RD1062". NOTE: Failure to include the required documentation with the application may result in denial of authorization.

    a. SNAP ELIGIBLE FOOD SALES. Enter the store's SNAP eligible food sales from the prior tax year. If an existing store for which WIC authorization is being sought was recently acquired, this information and/or documentation for the recently acquired store must be provided to support that the store's new owners have a minimum of 12 months retail grocer experience. **ESTIMATES OF PRIOR TAX YEAR FOOD SALES WILL NOT BE ACCEPTED.**

    b. Answer "yes" or "no" if the store's SNAP eligible food sales from the prior tax year were less than $2,100.00.

    c. FORMS OF PAYMENT FOR PRIOR TAX YEAR FOOD SALES. Enter the percentage of food sales derived from each type of payment that is listed for the prior tax year.

d. ANNUAL GROSS SALES. Enter the total gross sales for the prior tax year for the applying store. Documentation must be attached to support the information provided (e.g., prior year state and federal tax returns).

18. ANNUAL EXEMPT SALES

a. GASOLINE SALES. Answer "yes" or "no". If yes, enter the total amount of gasoline sales for the prior tax year and attach the relevant documentation to support the entry. **NOTE:** Should the response to this question change after authorization, notice must be provided to Georgia WIC's Office of Vendor Management **at least 21 days** in advance of such change to the store's operations.

b. GEORGIA LOTTERY TICKET SALES. Answer "yes" or "no". If yes, enter the total amount of lottery ticket sales for the prior tax year and attach the relevant documentation to support the entry. **NOTE:** Should the response to this question change after authorization, notice must be provided to Georgia WIC's Office of Vendor Management **at least 21 days in advance** of such change to the store's operations.

c. SALE OF VITAMINS/DIETARY SUPPLEMENTS. Answer "yes" or "no". If yes, enter the total amount of sales of vitamins/dietary supplements and attach the relevant documentation to support the entry. **NOTE:** Should the response to this question change after authorization, notice must be provided to Georgia WIC's Office of Vendor Management **at least 21 days in advance** of such change to the store's operations.

d. SALES INFORMATION FOR EXEMPT NON-FOOD SALES. Answer "yes" or "no". If yes, list all non-food items that are sold in the store. Attach additional documentation if necessary. For a list of all exempt non-food items, please visit: ***https://etax.dor.ga.gov/salestax/TLP_2011_List_of_Sales_and_Use_Tax_Exemptions.pdf.***

e. Enter the requested information for the prior tax year and attach the relevant documentation to support the entry.

f. Enter the total amount of exempt sales – exempt food sales **and** exempt non-food sales – for the prior tax year (Add the totals entered in 17.a. and 18.e.).

g. Answer this question ONLY if this application is being completed as part of reauthorization. Otherwise, select "N/A".

PART IV – INVENTORY AND PRICE LIST

This section must be completed and all documentation attached that supports the information entered (e.g. purchase invoice receipts for all WIC food items and non-WIC food items, bills of lading, prior state and federal tax returns, etc.). For Corporate Vendors, enter "CA" and provide the requested information and supporting documentation on the Corporate Attachment Form for each applying store. **Military Commissaries and Pharmacy Applicants/Vendors DO NOT need to complete Part IV.**

19. INFANT FORMULA SUPPLIER. All applicants are required to purchase infant formula ONLY from suppliers who are included on the Georgia WIC Program's Approved Infant Formula Supplier List. For a comprehensive list of all approved suppliers, visit **http://dph.georgia.gov/vendor-information** and select the link, "Approved Infant Formula Suppliers".

a. Answer "yes" or "no" and attach all invoices documenting the purchase(s) of contract formula made in preparation for the pre-authorization visit. For Corporate Vendors,

enter "CA" and provide this information on the Corporate Attachment Form for each applying store.

b. Enter the name and address of each infant formula supplier from whom the store purchases contract infant formula inventory.

20. STOCKED STAPLE FOODS CATEGORIES. Enter the percentage of what the store carries beside each category of food. Percentage totals must equal 100%. If a previously owned store for which WIC authorization is being sought was recently acquired, the food sales history from the previous owner must be used.

21. MINIMUM INVENTORY OF WIC-ELIGIBLE FOOD ITEMS. For each food item, enter the **brand name or type** of each WIC-eligible food item in stock. Where indicated, enter the specific can, jar, or box size and enter the **highest price or least expensive price** of each approved WIC food item. Use the current WIC-Approved Foods List ("Minimum Inventory") to complete this section. Do not complete the shaded areas. For Corporate vendors, enter "CA" and provide this information on the Corporate Attachment Form for each applying store.

In addition to meeting minimum inventory requirements for WIC-eligible food items, applicants must also have substantial inventory of non-WIC food items. For a current, comprehensive list of these requirements, visit **http://dph.georgia.gov/vendor-information** and select "Georgia WIC Program Minimum Inventory Requirements", which also includes guidance on non-WIC inventory. If an applicant is unable to download the minimum inventory list, contact the Office of Vendor Management to request a copy by mail. All WIC-approved and non-WIC food items must be in stock by the date specified in question 8.c. of this application.

PART V – STATEMENT AND CERTIFICATION

Applicants must **review and sign** the Privacy Act Statement, Warning Statement and Certification.

An owner or authorized representative must sign, print name, provide his/her title, and date the application. Initials or a shortened version of a name are not acceptable.