

**GEORGIA WIC PROGRAM
CORPORATE ATTACHMENT FORM**

- A. Is this store expected to derive more than 50% of its annual food sales from the sale of WIC approved foods? (Food sales mean foods that are eligible items under SNAP.) Yes No
- B. Is this form submitted due to a change in the store's location? Yes No

STORE IDENTIFICATION

Full Legal Name of Corporation _____

Full Legal Name of Store _____ Store Number _____ WIC Vendor No. _____

Address _____ County _____

City _____ State _____ Zip _____

Business Telephone _____ Fax _____
(Area Code) Number (Area Code) Number

Mailing Address
(If Different From Above) _____ County _____

City _____ State _____ Zip _____

Store Contact and Title _____
Name Title

E-mail Address _____ Square Footage of Store
(including storage and admin areas) _____

(Required)

LICENSING

Federal Employer Identification Number (FEIN) _____

FNS Number found on your SNAP Permit (Required For Approval)
(provide a copy of permit) _____

Food Sales Establishment License Number (provide a copy of license) _____

Date store representative received WIC Authorization Training
(Attach Form #3757A, "Corporate Training Checklist" to this form.) _____

INVENTORY AND PRICE LIST

Date store will open(ed) _____ Date store will have minimum and Non-WIC Inventory in stock _____

Number of Cash Registers _____ Number or Scanners _____

Can scanners detect WIC eligible foods? Yes No

Does this store have a point of sale device? Yes No

Food Item	Brand Name	Size	Highest Price or Least Expensive where indicated	On-Site Price
1.	Juice	_____	46-48 oz indicate size _____	
		_____	64 oz _____	
2.	Cereal	_____	11-36 oz indicate size _____	
3.	Beans/Peas	_____	1 Pound Packages	
	/Lentils	_____	14-16 oz Cans	
	Beans/Peas	_____		
	/Lentils	_____		
4.	Peanut Butter	_____	16-18 oz indicate size _____	
5.	Infant Cereal	_____	8 oz box	
	Gerber Good Start Gentle	_____	12.1 oz Concentrate	
6.	Gerber Good Start Soy	_____	12.1 oz Concentrate	
	Gerber Good Start Gentle	_____	12.7 oz Can Powder	
7.	Gerber Good Start Soy	_____	12.9 oz Can Powder	
8.	Whole Milk	_____	Gallon (Least Expensive)	
9.	2%, 1% or Skim Milk	_____	Gallon (Least Expensive)	
10.	Dry Milk	_____	Makes 3 quarts	
11.	Cheese	_____	16 oz (1 Pound)	
12.	Eggs (Large Only)	_____	1 Dozen Carton (Least Expensive)	
13.	Fresh Fruit	_____	10 Pounds	
14.	Fresh Vegetables	_____	10 Pounds	
15.	Whole Grain Bread	_____	16 oz Loaf	
16.	Fish	_____	Tuna - 5 oz can	
		_____	Pink Salmon - 7.5 or 14.75 oz can indicate size _____	
17.	Infant Fruits and Vegetables	_____	4 oz jar	
18.	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. Failure to do so will result in denial of the application.

19.	Juice	2 (T)	46-48oz	12
20.	Juice	2 (T)	64 oz	12
	Cereal	4 (T)	11-36 oz	24
21.	(2 types must be Whole Grain)			
22.	Dried Beans/Peas/Lentils	2 (T)	1 Pound Packages	5
23.	Canned Beans/Peas/Lentils	2 (T)	14-16 oz	18
	Peanut Butter	2 (B)	18 oz	6
24.				
	Infant Cereal	2 (T)	8 oz	12
25.	(1 type must be rice)			
	Gerber Good Start Gentle (Concentrate)	1 (B)	12.1 oz	30
26.				
	Gerber Good Start Soy (Concentrate)	1 (B)	12.1 oz	20
27.				
	Gerber Good Start Gentle (Powder)	1 (B)	12.7 oz	50
28.				
	Gerber Good Start Soy (Powder)	1 (B)	12.9 oz	20
29.				
	Whole Milk	1 (B)	Gallon	8
30.				
	2%, 1% or Skim Milk	1 (B)	Gallon	12
31.				
	Dry Milk – non-fat	1 (B)	Makes 3 Quarts	3 Boxes
32.	OR			12 Cans
	Evaporated Milk	1 (B)	12 oz	
33.	Cheese	2 (T)	16 oz (1 Pound)	8
34.	Eggs (Large Only)	1 (B)	1 Dozen	8
35.	Whole Grain Bread	1 (B)	16 oz Loaf	6
36.	Fruit (4 Types must be fresh)	4 (T)	10 Pounds (fresh, frozen or canned)	10 lbs
37.	Vegetables (4 Types must be fresh)	4 (T)	10 Pounds (fresh, frozen or canned)	10 lbs
38.	Fish	1 (T)		18
	Tuna		5 oz Can	combined
	Salmon		7.5 -14.75 oz Can	
39.	Infant Fruits	2 (T)	4 oz	96
40.	Infant Vegetables	2 (T)	4 oz	combined
41.	Infant Meats	2 (T)	2.5 oz	31

BANK INFORMATION

Bank Information. Enter information pertaining to where you will deposit all WIC food instruments and cash value vouchers.

- 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 _____

STORE OPERATIONS

- A. Will all WIC-Approved infant formula be purchased from suppliers listed on the Approved Infant Formula Supplier List? (See <http://wic.ga.gov/vendorinfo.asp>) Yes No

Note: Records of all infant formula purchases must be maintained according to the terms of the WIC Vendor Agreement, III, I.3.

Supplier _____ Address _____

City _____ State _____

Supplier _____ Address _____

City _____ State _____

Supplier _____ Address _____

City _____ State _____

- B. **Hours of Business** Open 24 Hours

Sunday _____ Thursday _____

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____

Signature of Authorized Representative

Date

Authorized Representative (Type or Print)

Title (Type or Print)

Telephone Number