



## WIC PROGRAM VENDOR APPLICATION

**INSTRUCTIONS** - An owner, officer, or manager who has signatory authority for the company must complete the application and sign on the last page to authenticate this document.

### Section 1 - STORE DEMOGRAPHICS

**Store Name** (as it appears on the store sign and/or building)

**Store Street Address:**

**Store City:**

**Store County:**

**Store Zip Code:**

**Store Phone:**

**Store Email:**

Is the mailing address the same as the street address listed above?  Yes  No

**Mailing Address:**

**Mailing City:**

**Mailing State:**

**Mailing Zip Code:**

#### Store Contact Person

**STORE MANAGER: First Name:**

**Last Name:**

**Email Address:**

Is the store manager also the primary WIC contact for the business?  Yes  No

**WIC CONTACT PERSON: First Name:**

**Last Name:**

**Role:**

**Phone:**

**Email Address:**

**What type of vendor are you applying to be authorized as?** *(Information about requirements for each vendor type is in the Application Guidance document)*

**Does your store have a pharmacy available on-site under the same ownership?**

*(This does not include a separate business nearby or adjacent to the store.)*

- No, my store does not have a pharmacy. *(You only meet the requirements to be a Grocery vendor type)*
- Yes, my store has a pharmacy and will be able to transact WIC benefits.
- Yes, my store has a pharmacy, but it's owned by someone else. *(You only meet the requirements to be a Grocery vendor type.)*

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**Store Hours**

Is the store open 24 hours a day? Yes  No

Day	Closed	Open Time	Close Time
Sunday	<input type="checkbox"/>		
Monday	<input type="checkbox"/>		
Tuesday	<input type="checkbox"/>		
Wednesday	<input type="checkbox"/>		
Thursday	<input type="checkbox"/>		
Friday	<input type="checkbox"/>		
Saturday	<input type="checkbox"/>		

**SNAP Authorization Status**

- My store is currently authorized for SNAP under the same ownership that is listed in this WIC Vendor Application.
- I have applied for SNAP Authorization, but my store is not yet authorized to accept SNAP benefits.
- I am unable to apply for SNAP Authorization due to a past disqualification.
- This business has chosen not to apply for SNAP Authorization and will notify the Department if this changes.

<b>SNAP Application number (7 digits)</b>	<b>SNAP Identification number (7 digits)</b>

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## WIC PROGRAM VENDOR APPLICATION

### Section 2 - ANNUAL SALES INFORMATION

All numbers provided must represent an annual sales amount based on the last tax year or the most recent 12-month period. Businesses that have been open less than one year must estimate their annual sales.

**Annual SNAP Eligible Sales** (*fruits & veggies, meat, dairy, etc.*) \_\_\_\_\_

**Annual non-SNAP Eligible Food Sales** (*hot foods, supplements, etc.*) \_\_\_\_\_

**Annual Alcohol Sales** (*beer, wine, liquor, etc.*) \_\_\_\_\_

**Annual Tobacco Sales** (*cigarettes, tobacco, etc.*) \_\_\_\_\_

**Annual Other Non-Food Sales** (*pet foods, cleaning supplies, etc.*) \_\_\_\_\_

**Annual Gross Sales** \_\_\_\_\_

**Do or will WIC sales comprise 50% or more of your business' food sales?** (*Total of Annual SNAP Eligible Sales and Non-SNAP Eligible Food Sales above*)  **Yes**  **No**

**Estimated Annual WIC Sales** (*This number must be less than 50% of the combined Annual Food Sales, or the response will be grounds for denial of your application*) \_\_\_\_\_

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## WIC PROGRAM VENDOR APPLICATION

### Section 3 - ENTITY INFORMATION

**Entity Name:** *(name of the company that owns the store, or the owner's name if it is a sole proprietorship)*

**Entity Address:**

**Entity City:**

**Entity State:**

**Entity Zip Code:**

**Federal Tax ID Number (FEIN):**

**Was this business entity purchased?**  Yes  No

**What is the date of purchase of the business?**

**Was there a retail grocery business at the location of this vendor before the current ownership?**  Yes  No  Unknown

**Prior Business Name:**

**Does the applicant or any owners, managers, or employees have any relationship with the previous owner(s)?**  Yes

*A relationship includes, but is not limited to, a partner, shareholder, stockholder, member, immediate or extended family member, corporate officer, manager, employee, or other type of relationship.*

No

**Name of the person who has a previous relationship.**

**Describe the relationship to the previous owner.**

**Please select the type of ownership that applies to your business.**

Sole Proprietor (not an LLP or LLC)

Partnership or LLP

Corporation, Cooperative, or LLC

Other:

**Do you have multiple locations operating under the same FEIN?**

*If yes, you must attach a sheet documenting the names and addresses of all stores operating under the same FEIN.*

Yes  No

**Have any owners/partners/shareholders/managers previously owned or operated another grocery store or pharmacy in Illinois?**

Yes  No

*If yes, attach a list of the names, addresses of stores or pharmacies, and years owned/operated.*

#### Officer and Owner Information

Provide the following information for each owner, partner, limited partner, or shareholder of 5% or more of any stock or any officer of the corporation.

**How many partners, limited partners, shareholders, owners, or officers are in the Ownership?**

One (1)  Two (2)  Three (3) or more

**Provide the following information for the primary owner, partner, shareholder, or officer.**

**First Name:**

**Last Name:**

**What percentage of the business is owned by this person?**

**Driver's License / State ID Number**

**Home / Cell Phone**

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<b>Home Address</b>		
<b>Home City</b>	<b>Home State</b>	<b>Home Zip Code:</b>

**Provide the following information for the secondary owner, partner, shareholder, or officer.**

<b>First Name:</b>	<b>Last Name:</b>	
<b>What percentage of the business is owned by this person?</b>		
<b>Driver's License / State ID Number</b>	<b>Home / Cell Phone</b>	
<b>Home Address</b>		
<b>Home City</b>	<b>Home State</b>	<b>Home Zip Code:</b>

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**Section 4 - WHOLESALER INFORMATION**

*Primary Food Supplier*

Do you primarily source your groceries from a  Wholesaler OR  Retail Store

**Which retail store do you primarily source your groceries from?** \_\_\_\_\_

**Who is your primary Grocery Wholesaler?** \_\_\_\_\_

<b>Wholesaler Contact Name</b>	<b>Wholesaler Email</b>
<b>Wholesaler Phone</b>	

*Primary Infant Formula Supplier*

*Federal WIC Regulations and State WIC Rules require that WIC vendors purchase all infant formula provided to WIC cardholders from authorized wholesalers and retailers. If your primary infant formula supplier is not listed below, you must provide contact information for your supplier, and the Department will work with them to determine eligibility to be added as an authorized supplier.*

**Who is your primary infant formula supplier?** \_\_\_\_\_

**Primary Supplier Company Name:** \_\_\_\_\_

<b>Contact Person Name</b>	<b>Contact Email</b>
<b>Contact Phone</b>	

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### WIC PROGRAM VENDOR APPLICATION

## Section 5 - STORE POINT OF SALE (POS) SYSTEM

The Illinois WIC Program processes WIC transactions and reimburses its Vendors using the Illinois WIC EBT Card. This process is done by electronic benefits transfer (EBT).

WIC vendors must operate with a WIC Certified Integrated Cash Register System unless they meet participant access criteria.

**VENDORS MUST WORK WITH THEIR POS PROVIDER TO ANSWER THE QUESTIONS IN THIS SECTION CORRECTLY.**

### How will your business transact WIC Cards?

- With an integrated cash register with built-in WIC EBT capabilities.
- With a cash register and a separate POS device.

Vendors must work with an Illinois WIC-certified POS provider to accept WIC in Illinois.

**Who is your Point of Sale (POS) Provider?** \_\_\_\_\_

**What is your POS Provider's Contact Information?**

<b>Contact Name:</b>	
<b>Contact Phone:</b>	<b>Contact Email:</b>

**Who do you use as your Third-Party Provider for Electronic Payments?**

- First Data
- Vantiv
- FISERV
- WorldPlay
- Other: \_\_\_\_\_

### Cash Register Count

**How many cash registers in the store are or will be WIC-enabled?** \_\_\_\_\_

**Are or will any of your WIC-enabled cash registers be self-checkouts?**  Yes  No

**If yes, how many self-checkouts are / will be WIC-enabled?** \_\_\_\_\_

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## WIC PROGRAM VENDOR APPLICATION

### Section 6 - QUALIFYING QUESTIONS

Please respond to the following questions. Eligibility to be a WIC Authorized Vendor will be determined based on the responses below, and the Application may be denied if any eligibility criteria are not met.

1. Is the vendor located in the state of Illinois?  Yes  No

What state is the vendor located in? \_\_\_\_\_

2. Is the fixed and permanent location the same as the address provided on page one of the application, and will this be the address where WIC Cardholders will select foods during business hours?  Yes  No

3. Are 70% or more of the vendor's gross annual receipts from selling non-alcoholic products?  Yes  No

4. Will the percentage of sales revenue from food purchased with WIC Benefits be less than 50% of total SNAP-eligible food sales?  Yes  No

5. Have any owners, officers, or officials of the Vendor entity been involved in bribery as prohibited under Section 50-5 of the Illinois Procurement Code?  Yes  No

6. Have any owners, officers, or officials of the Vendor entity been barred from receiving state contracts due to any default on any education loans as the term is defined in the Educational Loan Default Act [5 ILCS 385]? *If yes, provide their name(s), and details in a separate attachment*  Yes  No

7. Do or will any owners, officers, officials of the Vendor entity, or any spouses or minor children of any owners, officers, or officials hold an elective office in the State of Illinois, a seat in the General Assembly, or any appointment or employment in any of the offices of State government? *If yes, provide name(s), relations(s), and office(s), appointment(s) or position(s) held in a separate attachment*  Yes  No

8. Are any of the owners, officers, officials of the vendor entity, or any spouses or minor children who own more than 7.5% ownership or beneficial interest in the business employed by the WIC Program of a local agency? *If yes, provide name(s), relations(s), and place of employment in a separate attachment.*  Yes  No

9. Have any owners, officers, or officials of the Vendor entity been convicted of a misdemeanor involving fraud, misuse, or theft of State or federal funds or any felony? *If yes, provide name(s), date(s) of convictions, and type(s) of crime in a separate attachment.*  Yes  No

10. Have any vendor entity owners, officers, or officials been barred from bidding on or entering into a WIC Vendor contract due to a violation of Sections 33E-3 or 33E-4 of the Criminal Code of 2012? *If yes, provide details in a separate attachment, including name(s) and the date(s) of violation.*  Yes  No

11. Have any owners, officers, or officials of the vendor entity who hold 30% or more ownership been terminated from the WIC Program in the previous 3 years? *If yes, provide the details, including name(s), dates(s) of termination, and the store involved in a separate attachment.*  Yes  No

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## WIC PROGRAM VENDOR APPLICATION

12. Do all vendor entity owners, officers, and officials agree to adhere to the provisions of the USDA WIC Regulations, the Act, the WIC Vendor Administrative Code, the EBT Operating Rules, and, once authorized, the WIC Vendor Contract?  Yes  No

13. Does the vendor agree to maintain minimum quantities, sizes, and types of WIC Foods necessary as provided at the time of application based on a peer group assignment?  Yes  No

14. As a vendor with a Pharmacy, do you commit to providing and selling all WIC Authorized special formulas in at least one flavor in the quantity prescribed or requested within two (2) business days upon request?  Yes  No

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## WIC PROGRAM VENDOR APPLICATION

### Section 7 - SUPPORTING DOCUMENTS

**ONLY ATTACH THE DOCUMENTS LISTED BELOW WITH A REQUIRED ATTACHMENT FIELD TO THE RIGHT OF THE PAGE.**

**Proof of FEIN or SSN**

*(Copy of the "Notice of New Federal Employer Identification Number Assigned" or a recent tax form or correspondence from the Internal Revenue Service that verifies the FEIN, or for Sole Proprietorships, copy of the Social Security Card of the owner)*

**Owners' Proofs of Identity**

*(Copy of the current state-issued driver's license or identification card for each owner)*

**Health Inspection Report or Business License**

*(Copy of the most recent health inspection report or business license issued demonstrating adherence to IDPH requirements to operate a retail grocery store authorized to sell perishable foods.)*

**Proof of SNAP Authorization**

*(Copy of the SNAP authorization permit issued by USDA FNS)*

**Bill of Sale**

*(Legal document that verifies the date of purchase or acquisition of the business entity)*

**Out of State / Country Proof of Incorporation**

*(Copy of Articles of Incorporation, duly authenticated by the proper officer of the state or country where the corporation is incorporated)*

**Current Pharmacy License**

*(Proof of current and active pharmacy license issued by the Illinois Department of Financial and Professional Regulation (IDFPR).)*

**Additional Owners Names and Proofs of Identity**

*(If four (4) or more partners own your store, please provide information for the remaining partners on a separate sheet and attach it here)*

**Qualifying Questions**

*(If you responded "yes" to any of questions 5 - 11 in Section 7 - Qualifying Questions, please explain why the response was yes, who is involved, and the reason for the response.)*

**Previous Stores**

*(If you responded "yes" to about previously owned stores, please attach a list of the names, addresses of stores or pharmacies, and years owned/operated.)*

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## WIC PROGRAM VENDOR APPLICATION

### Section 8 - CERTIFICATIONS

Illinois WIC communicates to all WIC Authorized Vendors and Applicants through email. Illinois WIC staff will email you if there are questions about your business or if information is missing from the application to notify you of training requirements and provide information to enable your business for eWIC transactions. As an applicant, you must monitor your email and promptly respond to Illinois WIC messages. Your application may be denied if you do not monitor and respond to emails from Illinois WIC.

I acknowledge the above statement and agree (initial) \_\_\_\_\_

#### Compliance

**The undersigned attests that:**

- They are either the sole owner of the firm or that they have the authority to enter into agreements for and on behalf of the firm.
- The vendor understands that submitting this application and supporting documents does not guarantee acceptance of this vendor as an authorized WIC Vendor in Illinois.
- All of the information provided on this application is true and correct, and the vendor understands that false information may result in the denial of authorization to participate in the Illinois WIC Program and/or the termination of a contract once executed.
- The vendor agrees to comply with the Illinois WIC Vendor Management Code (Ill. Adm. 672), USDA Federal Regulations (7 CFR 246), and Electronic Benefits Transfer Operating Rules, Standards & Technical Requirements.
- The vendor understands that the Illinois Department of Human Services may verify all information in this application, and the information as it has been provided in this application will be used to determine eligibility and authorization as a WIC Vendor.
- The vendor understands that any false, erroneous, or inaccurate statements made herein will result in the denial of authorization to participate in the WIC Program or rescission of authorization should the information be found to be false, erroneous, or inaccurate after the store has been approved for authorization.

**Electronic Signature of Owner, Partner, Or Corporation Officer**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Full Legal Name Printed

\_\_\_\_\_  
Title or Role

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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/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.



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Verifications and compliance review completed.  Yes  No

Does this vendor wish to use a stand-beside device?  Yes  No

**Participant Access Review Findings**

**Application Approved** \_\_\_\_\_

**Reason(s) for Denial**

**Application Denied** \_\_\_\_\_

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