



State of Illinois
 Department of Human Services

WIC PROGRAM
WIC VENDOR CHANGE OF INFORMATION FORM

This form is to be used by a Retail Vendor to inform the WIC office of a change in store information.

Please complete and return to:

Email:
DHS.WICVendor@illinois.gov

Fax:
 (217) 785-5247

Mail:
 IL Department of Human Services
 WIC Program / Vendor Relations
 815-823 E. Monroe Street
 Springfield, IL 62701

This form is authorized and required by the Illinois WIC Vendor Management Code at 77 Ill. Adm. Code 672.205(g). Failure of a WIC Vendor to report a change in store information may result in termination of the vendor agreement.

Effective Date of Change: _____ WIC Vendor #: _____

ORIGINAL STORE INFORMATION

Store Name: _____
 Company / Owner Name: _____
 Primary Store Contact Name: _____ Primary Contact Email: _____
 Store Address: _____
 City / State: _____ Zip Code: _____
 Store Mailing Address (if different): _____
 City / State: _____ Zip Code: _____
 POS Provider Name (if integrated): _____
 TPP Provider Name (if integrated): _____
 Infant Formula Supplier Company Name: _____

NEW STORE INFORMATION - only provide information that is different from above

Store Name: _____
 Company / Owner Name: _____
 Primary Store Contact Name: _____ Primary Contact Email: _____
 Store Address: _____
 City / State: _____ Zip Code: _____
 Store Mailing Address (if different): _____
 City / State: _____ Zip Code: _____
 POS Provider Name (if integrated): _____
 TPP Provider Name (if integrated): _____
 Infant Formula Supplier Company Name: _____

Responsible Party Printed Name: _____ TITLE: _____

Signature: _____ Date: _____