State of Illinois
Department of Human Services

WIC PROGRAM
WIC VENDOR WITHDRAWAL FORM

This form is to be used by an Authorized WIC Vendor to withdraw from the WIC Program.

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

Completion of this form is voluntary, but failure of a WIC Vendor to report a change, as noted in Illinois WIC Vendor Management Code at 77 Ill. Adm. Code 672.450 (c) and 672.460, by completion of this form at least 15 calendar days in advance may result in termination of the vendor agreement.

Vendor Name: *(Please Print)* _____

Vendor ID#: _____ Vendor Email: _____

Company / Owner Name: _____

Address: _____

City/State _____ Zip Code _____

REASON FOR WITHDRAWAL

This Withdrawal shall be effective upon (date): _____

☐ **Store Closing**

☐ **Store Sold or Leased** New Owner Name: _____

☐ **Voluntary Withdrawal** - *Voluntary withdrawals remain in effect for a period not less than 18 months from the effective date of this withdrawal.*

_____(Initials) I hereby submit this request to withdraw from participation in the Illinois WIC Program in accordance with Appendix A of the Illinois WIC Program Retail Vendor Contract.

_____(Initials) I understand that if I owe a fine assessment or any other monies resulting from a violation of the WIC Vendor Management Code or Federal regulations, such penalty and other monies due shall be paid in full.

_____(Initials) I understand that if I currently have stand-beside equipment issued by Solutran at this location, all equipment must be returned within ten (10) calendar days after the effective date of this change. I will be held financially responsible for any equipment not returned or returned after this date.

Responsible Party Printed Name: _____ Title: _____

Signature: _____ Date: _____

OFFICIAL USE ONLY

The Withdrawal shall be effective upon (date): _____

Vendor shall not be considered for application to be an authorized WIC Vendor before *(date):* _____

Authorized Signature for the Illinois WIC Program: _____ Date: _____