



**TENNESSEE DEPARTMENT OF HEALTH
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS, AND CHILDREN**

<p>2014 – 2016 VENDOR APPLICATION FOR AUTHORIZATION TO PARTICIPATE IN THE TENNESSEE WIC PROGRAM</p>	<p align="center">FOR WIC USE ONLY</p> <p>REG. _____ CO. _____ VENDOR NO. _____</p> <p>Sanitation Score _____</p> <p>Peer Group _____</p> <p>Vendor Rep _____</p> <p>Date Rec'd _____ Date Approved _____</p>
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Follow instructions and review prior to submitting to WIC Regional Office. Complete in ink or type.

Only completed applications, including required attachments, will be processed.

Pharmacy applicants (Independent or Chain Pharmacies not associated with a grocery store.) shall complete all items except where noted Not Applicable (N.A.).

However, submission of a completed application does not guarantee authorization.

PART I. STORE IDENTIFICATION

1. STORE NAME _____

2. TENNESSEE SALES TAX NUMBER _____

3. SQUARE FOOTAGE OF STORE _____

4. STORE ADDRESS

A. PHYSICAL LOCATION - DO NOT SHOW POST OFFICE BOX NUMBER.

Street Address/Rural Route Number _____

City _____

County _____ State _____ Zip _____

Store Telephone Number: Area Code _____ Number _____ Fax: AC _____ No. _____

E-mail address _____

THE E-MAIL ADDRESS MAY BE FOR THE PHYSICAL LOCATION, CORPORATE ADDRESS OR PERSONAL.

B. MAILING ADDRESS - DO NOT COMPLETE IF MAIL CAN BE DELIVERED TO THE STORE'S PHYSICAL LOCATION. POST OFFICE BOX MAY BE SHOWN HERE.

Office/ Apartment Number _____ Street Number _____ Street Name/ P.O. Box _____

City _____ State _____ Zip _____

5. WHEN DID (OR WILL) THE STORE OPEN FOR BUSINESS UNDER CURRENT OWNERSHIP?

Month _____ Day _____ Year _____

6. TYPE OF BUSINESS - Check one type

- | | |
|--|--|
| <input type="checkbox"/> Major Chain - Multiple States | <input type="checkbox"/> Independent - Not a Franchise |
| <input type="checkbox"/> Independent Chain - Local Corporate Ownership | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Franchise - Multiple Locations | <input type="checkbox"/> Commissary |
| <input type="checkbox"/> Franchise - Single Location | |

- How many stores are under the same ownership? _____ (Include applying store.)
- How many of these stores are currently authorized for the TN WIC Program or any other WIC Program? _____ (Include applying store if currently authorized.)

PART II. STORE OWNERSHIP AND MANAGEMENT

7. TYPE OF OWNERSHIP - Check one type:

- Sole Proprietorship
 Partnership
 Privately-held corporation
 LLC
 Publicly-owned corporation
 Cooperative
 Government-owned

8. OWNERSHIP IDENTIFICATION

A. NAME AND ADDRESS OF THE BUSINESS IF DIFFERENT FROM PART 1 - (Parent corporation, if store is company owned)

Business Name _____
 Street Number _____ Street Name/P.O. Box _____
 City _____ State _____ Zip _____

B. OWNER'S NAME(S) – Do not enter this information for publicly-owned corporations. If there are more than two owners, attach the same information to this application for up to three more persons.

1. First Name _____ Last Name _____ Title _____
 2. First Name _____ Last Name _____ Title _____

PRESENT NAME EXACTLY AS SHOWN ON LEGAL DOCUMENTS INCLUDING THOSE PRESENTED TO THE WIC PROGRAM.

9. STORE MANAGER IDENTIFICATION

Name the person with primary on-site responsibility for daily operations:

First Name _____ Last Name _____

Chain Store District Manager's Name:

First Name _____ Last Name _____

10. OWNERSHIP HISTORY OF VENDOR APPLICANT

A. Do any of the current owners now own or operate, or have they previously owned or operated, a firm or firms for which an application to participate in any WIC Program was submitted? YES NO. IF YES, attach a list of stores, except for chain stores. Identify the store's full name and approximate date of application or last authorization if known.

B. Including this store, has any current owner, officer or manager(s) ever owned or managed a firm which violated any WIC Program's regulations and was disqualified or fined? YES NO. IF YES, attach an explanation identifying the person or corporation and the store name and location related to the violation and the year of the violations if known.

C. Has any current owner, officer or manager(s) ever had a license denied, withdrawn or suspended, or fined for license violations (e.g., business or health licenses)? YES NO. IF YES, attach an explanation, listing the type of license, the reason for denial, fine or suspension, withdrawal or disqualification.

D. During the past six years, has any current owner, officer, or manager(s) been convicted of, or had a civil judgment, for any of the following activities: 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? YES NO. IF YES, attach a written explanation specifying the name of the owner, officer, or manager, the activities involved, and date of judgment and court name.

PART III. STORE OPERATIONS AND SALES

11. WHAT HOURS IS THE STORE OPEN? _____ (Example: M - F 7am to 11pm,
_____ Sat - Sun 7 am to 12 am)

THIS APPLICATION MAY BE DENIED IF STORE IS NOT OPEN FOR BUSINESS AT LEAST SIX (6) DAYS PER WEEK.

12. MY HOURS OF OPERATION ARE CLEARLY POSTED. YES NO (APPROVED APPLICANTS WILL BE EXPECTED TO ADHERE TO THEIR POSTED HOURS)

13. HOW MANY CASH REGISTERS DO YOU HAVE? Number _____

Do these registers have optical scanners? YES NO. IF YES, can they scan specifically for WIC? YES NO

14. IS THIS STORE AUTHORIZED FOR THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)?
 YES NO APPLIED FOR PHARMACY NOT SNAP AUTHORIZED

NOTE: GROCERY APPLICANTS SHALL BE SNAP AUTHORIZED FOR THIS APPLICATION TO BE ACCEPTED. PHARMACIES WITH CURRENT SNAP AUTHORIZATION OR WHO WERE PREVIOUSLY DISQUALIFIED OR ISSUED A CIVIL MONEY PENALTY BY SNAP SHALL CHECK "YES" AND COMPLETE THIS SECTION.)

A. If yes, what is your SNAP Authorization Number? _____ (Not your WIC Vendor Number)

If you are NOT currently participating in the Tennessee WIC Program, attach a copy of the SNAP Authorization.

B. Has this store ever been denied or disqualified from SNAP? YES NO. IF YES, attach a written explanation, giving the date denied or disqualified, and the reasons.

C. Has this store ever been placed on probation or received a Civil Money Penalty from SNAP?

YES NO. IF YES, attach a written explanation including the probation period or amount of Civil Money Penalty.

15. BANK WHERE YOU WILL DEPOSIT WIC FOOD INSTRUMENTS AND CASH VALUE VOUCHERS.

The information below should be for regular banking activities.

NOTE: THIS INFORMATION MAY BE DIFFERENT FROM THAT PROVIDED FOR ACH PAYMENTS. ALL VENDORS SHALL BE ENROLLED TO RECEIVE AUTOMATED CLEARING HOUSE (ACH) PAYMENTS.

Bank _____ Branch Name _____

Number _____ Street Name _____

City _____ State _____ Zip _____

Telephone Number: Area Code _____ Number _____

16. MAJOR WHOLESALE, DISTRIBUTOR, RETAILER, OR MANUFACTURER FROM WHOM WIC FOODS ARE PURCHASED.

Name _____

Number _____ Street _____

City _____ State _____ Zip _____

Telephone Number: Area Code _____ Number _____

• IS INFANT FORMULA PURCHASED FROM SAME WHOLESALE, DISTRIBUTOR, RETAILER, OR MANUFACTURER?

YES NO. If NO, please provide above information on a separate sheet of paper and attach to application.

17. GROSS (TOTAL) SALES FIGURES:

A. CHECK APPROPRIATE BOX – PLEASE GIVE YEARLY (NOT MONTHLY) AMOUNT: If giving estimated sales, you must provide a dollar amount for one year that is equal to one month times 12. However, report estimated sales only if you do not have actual sales figures for the most recent tax year. You may be required to provide updated information when actual sales figures are available.

Actual Gross Sales \$ _____ For tax year _____

Estimated Gross Sales \$ _____ For tax year _____

B. (N.A. FOR PHARMACIES) STAPLE FOODS CATEGORIES CARRIED IN STOCK: (Staple foods do not include any prepared foods or accessory foods such as candy, condiments, spices, tea, coffee, or carbonated and un-carbonated drinks.) Staple foods include, but are not limited to the following:

- | | |
|--|--|
| <input type="checkbox"/> Infant formula, juice and cereal | <input type="checkbox"/> Fresh fruits and vegetables |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Frozen and canned fruits and vegetables |
| <input type="checkbox"/> Dairy products | <input type="checkbox"/> Fish/Seafood |
| <input type="checkbox"/> Breads and baked goods | <input type="checkbox"/> Meat (beef, pork, lamb, etc.) |
| <input type="checkbox"/> Rice, pasta, cereal, chips, cookies, crackers, etc. | <input type="checkbox"/> Poultry/Fowl (chicken, turkey, etc.) |

THIS APPLICATION MAY BE DENIED IF ALL WIC STOCK IS DISPLAYED SEPARATELY FROM OTHER STAPLE FOOD.

C. (N.A. FOR PHARMACIES) Percent of sales (17A) represented by the sale of staple foods:

- Less than 25% 26-50% 51-75% More than 75%

18. TOTAL FOOD SALES AS BASED ON FACT SHEET (ATTACHMENT 1) INCLUDED WITH APPLICATION (SHALL BE COMPLETED BY ALL APPLICANTS.)

A. CHECK APPROPRIATE BOX BELOW TO REPORT YEARLY TOTAL FOOD SALES: If giving estimated sales, you must provide a dollar amount for one year that is equal to one month times 12. However, report estimated sales only if you do not have actual sales figures for the most recent tax year. You may be required to provide updated information when actual sales figures are available.

- Actual Food Sales \$ _____ For tax year _____
 Estimated Food Sales \$ _____ For tax year _____

PLEASE NOTE: To assist in completing 18 B., WIC Food Instruments (FIs) provide eligible WIC food other than fresh and frozen fruits and vegetables. Cash Value Vouchers (CVVs) provide eligible fresh and frozen fruits and vegetables.

B: FORMS OF PAYMENT: Do you expect that more than 50 percent of this location's annual revenue from the sale of food items will come from WIC FIs alone YES NO or (N.A. TO PHARMACIES) both WIC FIs and CVVs YES NO?

If both answers are "NO", (just the first "NO" for pharmacies), total food sales come from the following forms of payment?

(Check all that apply.) Cash/Personal Checks _____ SNAP _____ WIC _____ Debit/Credit Cards _____

(N.A. FOR PHARMACIES) What is the estimated percent of annual WIC food sales for: FIs _____% CVVs _____%

PLEASE NOTE: IN ADDITION TO INFORMATION PROVIDED ON THIS APPLICATION, YOU MAY BE ASKED TO SUBMIT RECORDS REGARDING SALES, INVOICES AND/OR INVENTORY. THESE RECORDS SHALL BE ORIGINAL, ON COMMERCIALY PRINTED INVOICE AND /OR RECEIPT PAPER, READABLE AND PRESENTED IN A LOGICAL WAY. IN ADDITION, YOU MAY BE ASKED FOR COPIES OF INCOME AND SALES TAX RELATED FORMS. FAILURE TO MEET THESE REQUESTS SHALL RESULT IN DENIAL OF YOUR APPLICATION. (As allowed by the federally issued Vendor Cost Containment Final Rule, the Tennessee WIC Program has chosen to prohibit authorization of new vendor locations expected to have more than fifty (50) percent of its annual food sales purchased with WIC FIs. In addition, the Tennessee WIC Program requires authorized groceries to carry a full market basket of foods. This is to provide opportunity for price comparison shopping and for nutrition information comparison. However, the Tennessee WIC Program has the sole responsibility to determine if approval of this application is necessary to assure participant access to WIC Program benefits.)

PART IV. STATEMENTS AND CERTIFICATION

PRIVACY ACT STATEMENT - The collection of this information is authorized by Part 246.12 of Federal Regulations 7CFR, Ch.11 which governs the Special Supplemental Nutrition Program for Women, Infants, and Children. It will be used to determine whether a store qualifies to participate in the WIC Program; to monitor compliance with program regulations; and for program management. The provision of the requested information, including the Tennessee Sales Tax Number is voluntary. However, failure to provide information may result in the denial or withdrawal of authorization to participate in the WIC Program. The purpose of collection of this information is for audit and enforcement of WIC Program regulations.

WARNING STATEMENT - Information in this application may be verified with other agencies. WIC Program participation shall be denied or withdrawn if any application information is false; in addition, you may be fined up to \$25,000 or imprisoned for up to five years or both for concealing any material fact, making false statements or representation, or using any false writing or documentation in connection with the application. Authorization may be denied or terminated if the firm violates any laws or regulations issued by Federal, State, or local programs including SNAP for violating SNAP regulations.

CERTIFICATION AND SIGNATURE OF OWNER (or person who has the ability to apply on behalf of the store.)

- 1. I apply for authorization for this store to take part in the WIC Program, and I have authority to enter into a WIC Vendor Agreement between this firm and the Tennessee Department of Health.**
- 2. I understand that prices for WIC approved foods shall be competitive with and not exceed the average shelf price of other vendors in the same peer group and area by more than the stated percentage at the time of authorization as a WIC Vendor and throughout the period for which the WIC Vendor Agreement shall be in effect. (N.A. FOR PHARMACIES)**
- 3. I understand that my stock of WIC approved foods shall meet the WIC Program requirements for minimum variety and quantity at the time of authorization as a WIC Vendor and throughout the period for which the WIC Vendor Agreement shall be in effect. (N.A. FOR PHARMACIES)**
- 4. I understand that my authorization as a WIC vendor is subject to the WIC Program’s verification of a positive compliance history with sanitation authorities. (N.A. FOR PHARMACIES)**
- 5. I did read and do understand the penalties in the warning statement above. I understand that false or incomplete information provided to the WIC Program or violation of the terms of the WIC Vendor Agreement shall result in the 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. This information shall be presented during both initial and follow-up training for this store’s authorization as a WIC vendor. I further understand that I or another representative of the store will have an opportunity to ask questions during the training sessions.**

SIGNATURE _____ **DATE** _____

PRINT NAME _____ **TITLE** _____

DAYTIME PHONE NUMBER _____

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).