



Vendor Application to Participate in the Utah Women, Infants, and Children (WIC) Program

Effective October 1, 2018 – September 30, 2021

Revision July 2018

Please read the following instructions before completing the Utah vendor Agreement:

- ⇒ Read the agreement and all application questions before completing the application
- ⇒ A separate agreement must be completed for each individual store location
- ⇒ All fields in the application are required unless otherwise noted
- ⇒ Sign and date the application as indicated at the end of the document using **blue ink**
- ⇒ Sign and date the last page of the Vendor Agreement using **blue ink**
- ⇒ **Include a copy of an invoice or receipt that shows where the store is purchasing infant formula**
- ⇒ **Include a current Price Survey**

Please return only the Application and Signature pages, a formula invoice, and Price Survey.

801-273-2927 • 1-877-942-5437 • e-mail: wicvendors@utah.gov • www.wic.utah.gov/vendors

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter by email to program.intake@usda.gov; or by fax to (202) 690-7442; or by mail to:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Utah WIC is an equal opportunity provider.



**VENDOR AGREEMENT TO PARTICIPATE IN THE UTAH WOMEN, INFANTS,
AND CHILDREN (WIC) PROGRAM (Federal Fiscal Years 2019-2021)**

VENDOR APPLICANT INFORMATION

STORE NAME (OFFICIAL) _____ STORE # _____

STORE NAME DISPLAYED ON BUILDING/SIGN _____ UTAH WIC ID # _____

STORE PHYSICAL ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

STORE MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

STORE INFORMATION

STORE MANAGER _____ DIRECT PHONE # _____

STORE MANAGER E-MAIL _____

ASSISTANT MANAGER _____ DIRECT PHONE # _____

ASSISTANT MANAGER E-MAIL _____

FRONT END MANAGER _____ DIRECT PHONE # _____

FRONT END MANAGER E-MAIL _____

CASHIER TRAINER _____ DIRECT PHONE # _____

TRAINER E-MAIL ADDRESS _____

IN-STORE I.T. SUPPORT _____ DIRECT PHONE # _____

I.T. EMAIL ADDRESS _____

INDIVIDUAL RESPONSIBLE FOR WIC _____ DIRECT PHONE # _____

E-MAIL ADDRESS _____

CORPORATE INFORMATION

CORPORATE CONTACT _____ TITLE _____

CORPORATE CONTACT E-MAIL _____ PHONE # _____

OWNERSHIP TYPE: Sole Proprietor Partnership Corporation LLC

OWNER/PARENT COMPANY NAME _____

OWNER/PARENT COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

STORE CHAIN NAME (if any) _____

**The Utah WIC Program primarily uses e-mail to communicate store specific information such as warnings and violations,
and general information such as policy and training memos. Please provide the preferred email address.**

PREFERRED EMAIL ADDRESS: _____



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(#1) Application type: RENEWAL NEW APPLICATION

If not currently authorized, date the store will open or did open for business _____

(#2) Is the vendor authorized by another State or Indian Tribal Agency? YES NO ; If YES, what Agency(s) _____

(#3) Is it expected that greater than 50% annual total food sales (including infant formula) will be from the redemption of WIC checks?
YES NO

(#4) Does the vendor provide food sales on a year-round basis (excluding holidays or Sundays)? YES NO

(#5) Does the vendor carry a variety of foods in each of the following staple food groups on a continual basis: meat, poultry or fish; bread and cereal; fresh vegetables and fruits, dairy, and baby foods (fruits/vegetables and meats)? YES NO

(#6) Has this business ever operated under another name? YES NO

If YES, name of business: _____

(#7) Date of ownership: _____ (#8) Approximate square footage of retail store _____

(#9) Number of check stands _____ Number of Self-checkout stands _____

(#10) Business Hours: _____ AM to _____ PM or _____ 24 Hours.

Days the store is CLOSED: MON. TUE. WED. THU. FRI. SAT. SUN.

(#11) Utah Tax Identification number _____

(#12) Is the vendor authorized by the Supplemental Nutrition Assistance Program – SNAP (Food Stamp Program)? YES NO

If YES, what is the vendor's SNAP Number (REQUIRED) - (NOT Utah WIC identification number) _____

(#13) Has the vendor been disqualified from the Supplemental Nutrition Assistance Program/Food Stamp Program or been assessed a Supplemental Nutrition Assistance Program/Food Stamp Program civil money penalty for hardship and the disqualification period that otherwise has been imposed has not expired? YES NO

(#14) During the last six (6) years, has the vendor or any of the vendor's current owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity? _____

(#15) GROCERY WHOLESALER: _____

The State approved list can be found at www.wic.utah.gov/vendors

INFANT FORMULA WHOLESALERS/RETAILERS: _____

The State approved list can be found at www.wic.utah.gov/vendors

(#15b.) List any other wholesalers/retailers not listed above used to purchase WIC items for resale:

(#16) Does the store have internet access and computers for employee use for training purposes? YES NO Comments: _____

(#17) The store must provide annual FOOD sales (include infant formula), Gasoline Sales, Tobacco/Alcohol/Vaping Sales during the last calendar year or for the number of months the vendor has been in business:

Total Food Sales \$ _____

Total Gasoline Sales (If applicable) \$ _____

Total Tobacco/Vaping/Alcohol Sales (if applicable) \$ _____

The Vendor Agreement will not be approved without total food, gasoline, and tobacco/vaping & alcohol sales information where applicable.



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(#18) Does the store have an electronic cash register and point-of-sale (ECR/POS) system? YES NO

(#18a) If "Yes", does the system have UPC Scanning Capabilities? YES NO If "Yes", can the system identify non-WC and WIC-authorized foods upon scanning? YES NO

POS System Brand/Make/Developer (IBM, Toshiba Ace, Dumac (RORC), ISS-45 etc.) _____
Model # of POS _____

Version: _____

(#18b) Are card readers installed in-lane? YES NO If "Yes", does the card reader accept both "magnetic stripe" and "smart card" credit and debit cards? YES NO

POS Terminal/Card Reader (VeriFone, Equinox, Ingenico etc.) _____

Model # or Version (MX915, ISC250, L5300 etc.) _____

Value Added Resaler (if applicable) _____

Value Added Resaler Contact e-mail address _____ PHONE # _____

The undersigned states that they are an authorized representative of the vendor with legal authority to obligate the vendor. The firm/individual certifies that all responses in this application and accompanying documentation are true and correct.

Vendor Representative

Signature:	Date:
Print Name:	Title: