



Vendor Outlet Profile
WIC VENDOR PROFILE APPLICATION

9. a. Store/Outlet Name _____ 9.d. Number of Front End Cash Register Lanes _____ (No Self-Serve)

Physical Address and Square Footage _____
City _____ County _____
State _____ Zip _____
Nearest Intersection _____

9. b. Store/Outlet Mailing Address _____ Outlet Phone () _____
City _____ County _____ Outlet FAX () _____
State _____ Zip _____

9. c. Days and Hours of Operation:
7 days a week - 24 hours per day [] Y [] N
7 days a week - Opens at _____ Closes at _____
If operating hours are different than the options above, complete the following:

Monday Opens at _____ Closes at _____ [] Closed on Monday
Tuesday Opens at _____ Closes at _____ [] Closed on Tuesday
Wednesday Opens at _____ Closes at _____ [] Closed on Wednesday
Thursday Opens at _____ Closes at _____ [] Closed on Thursday
Friday Opens at _____ Closes at _____ [] Closed on Friday
Saturday Opens at _____ Closes at _____ [] Closed on Saturday
Sunday Opens at _____ Closes at _____ [] Closed on Sunday

10.a. Name of Store/Outlet Manager _____

10.b. Name of Store Training Representative _____

10.c. Store Training Representative can receive external notifications via email? (i.e. training notices and newslashes) [] Y [] N Email Address: _____

11. Retail Food Operation Permit # _____ Exp. Date _____
OR
Food Manufacturing Permit # _____ Exp. Date _____

12. Vendor Type (check only one box)
[] FULL-LINE GROCER [] (not infant formula) [] OTHER RETAILERS [] MILITARY COMMISSARY
[] PHARMACY (exempt formula only) Pharmacy License# _____
Vendor applicant agrees to maintain Minimum Stocking Requirements on an ongoing basis as detailed in Section II of WV: 10.0 policy.
[] Attached are the proposed shelf prices of WIC approved foods.

Must attach copy of Permit
**** REQUIRED ITEM ****

13. Annual Gross \$ _____ Food \$ _____ Non-food \$ _____
[] Yes, Includes Gasoline Sales

14. a. Food Stamp authorized? [] Y [] N Food Stamp 7-digit authorization number: _____ (not LoneStar number)
14 b. Food Stamp Program suspension or disqualification? [] Y [] N If yes, when? _____ Civil Monetary Payment? [] Y [] N If yes, when? _____

15. Has Vendor/Owner/Partner had any previous WIC Vendor Agreements with the Texas WIC Program prior to this Agreement? [] Y [] N
IF yes, when? _____ Old WIC Account # _____
To your knowledge has this store location participated in the WIC program previously? [] Y [] N

16. Was this business purchased from a relative by blood or marriage? [] Y [] N

17. Vendor applicant certifies that it does not appear on a USGA or State of Texas suspension or debarment list. [] Y [] N

The Vendor asserts that all of the statements in this profile are true and understands that false information will result in termination of authorization to participate in the WIC Program. All information contained in this WIC Vendor Profile is incorporated by reference into the WIC Vendor Agreement, which constitutes a contract between the vendor and the Department of State Health Services, WIC Program. The Vendor agrees to update any of the information on this profile as requested by the WIC Program. This self-declaration certifies that the WIC Vendor Application is accurate and complete and the vendor meets selection criteria.

SIGNATURE _____
Owner or Authorized Agent

STATE USE ONLY: LA WIC VENDOR ACCOUNT # _____ OUTLET # _____
Date Received: _____ Date data entered: _____ By: _____
WIC - 200N (Rev. 6/15)