



## INDIANA WIC PROGRAM VENDOR APPLICATION

State Form 48064 (R9 / 12-18)

Indiana State Department of Health

### Instructions:

1. Read Vendor Manual before completing this application.
2. Complete all applicable items on this application.
3. If a new vendor, please complete Food/Pharmacy Price List.
4. For questions needing explanations, please attach an additional sheet or list in Part 8.
5. Please e-mail completed materials to [WICVendorMail@isdh.in.gov](mailto:WICVendorMail@isdh.in.gov).

### Part 1. Store Information

Vendor Type:  Food Store  Grocery with Full-Service Pharmacy  Pharmacy-Only Vendor

If currently authorized, what is your WIC vendor number? \_\_\_\_\_

What county is your store located in? \_\_\_\_\_

Store Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Send letters, information and updates to: Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Indiana State Sales Tax Number (Retail Merchants Certificate, 10-digit) \_\_\_\_\_

SNAP Permit Number (7-digit) \_\_\_\_\_

Federal Tax Identification Number (9-digit) \_\_\_\_\_

County Health Department Food Service Permit Number (digits vary) \_\_\_\_\_

Store Manager Name \_\_\_\_\_ Store Manager E-mail \_\_\_\_\_

### Part 2. Ownership Information

How does this business operate? (Please check and fill out only one section.)

Sole Owner (Section A)

Publicly Held Limited Partnership (Section C)

Commissary or Co-Op (Section C)

Partnership (Section B)

Publicly Held Corporation (Section C)

Limited Liability Company, LLC (Section D)

Privately Held Corporation (Section B)

**Section A. Sole Owner**

Name of business if different from store name \_\_\_\_\_

Name of Owner \_\_\_\_\_ Home / Cell Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Section B. Partnership or Privately Held Corporation**

Name of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name of Owner / Partner #1 \_\_\_\_\_ Home / Cell Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

% of Ownership \_\_\_\_\_

Name of Owner / Partner #2 \_\_\_\_\_ Home / Cell Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

% of Ownership \_\_\_\_\_

Name of Owner / Partner #3 \_\_\_\_\_ Home / Cell Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

% of Ownership \_\_\_\_\_

Name of Owner / Partner #4 \_\_\_\_\_ Home / Cell Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

% of Ownership \_\_\_\_\_

**Section C. Publicly Held Corporation, Limited Partnership, Commissary, or Co-Op**

Name of Sponsoring Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Officers Names *(Please list additional on separate sheet.)*

COO / CEO / President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ CFO / Treasurer \_\_\_\_\_

**Section D. Limited Liability Company (LLC)**

Name of Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Person Authorized to Sign for WIC Vendor Agreement \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

List legal names of Members and percentage of ownership. *(Please list additional on separate sheet.)*

Legal Names	Percentage of Ownership
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Part 3. History of Ownership**

Does the owner of this store own other authorized WIC stores in Indiana?  Yes  No If yes, how many? \_\_\_\_\_

If yes, do any of these stores operate under a different store name?  Yes  No

If yes, list the WIC vendor number(s), store name(s), and address(es) on an additional sheet.

When did the owner begin doing business at this address? Date (MM/DD/YYYY) \_\_\_\_\_

Did the owner buy or start the business you are applying for?  Buy (Answer all remaining questions in Part 3 below.)  Start (Proceed to Part 4.)

A. From whom did the owner buy the business? \_\_\_\_\_

B. What was the closing date of the sale of the business? (MM/DD/YYYY) \_\_\_\_\_

C. Was the current owner(s) previously an owner, partner, officer, or employee of the business purchased?

Yes (Explain the relationship.) \_\_\_\_\_

No

D. Does the previous owner have any financial interest in or hold a mortgage on the business or the building in which the business is operating?

Yes  No Date that previous owner ceased all involvement with operation of the store (MM/DD/YYYY) \_\_\_\_\_

E. Do you employ or contract in any capacity with any previous owner(s) of this building or business?

Yes (List names.) \_\_\_\_\_

No

F. If this store location was previously owned or operated under another name, please list the former name. \_\_\_\_\_

#### Part 4. Peer Group Determination

How many stores does the owner of this store own total? \_\_\_\_\_

How many US states do these stores operate in? \_\_\_\_\_

Do you carry items in addition to grocery or pharmacy items (e.g., clothing, furniture, or electronics)?

Yes

No

Do you expect to derive more than 50% of your store's annual food sales revenue from WIC?

Yes

No

Please note that Indiana WIC vendor peer groups are assigned as follows:

1. **Pharmacy-Only Vendors** (These vendors do not transact WIC food items.)
2. **Independent Vendors and Local Grocery Chains** (Owners or franchise have 5 or less stores in 2 states or less.)
3. **Regional Grocery Chains** (Owners or franchise have 6 or more stores in 1 state or more.)
4. **National Grocery Chains** (Owners or franchise have 20 or more stores in 5 or more states.)
5. **Mass Merchandisers** (Retail stores carrying large quantities of a variety of products beyond grocery and pharmacy items.)
6. **Above-50% Stores** (Stores that obtain more than 50% of their food revenue from WIC transactions.)

## Part 5. Store Details

Number of Cash Registers \_\_\_\_\_

Square Footage of Retail Space Under Roof \_\_\_\_\_

Hours of Operation	Open	Close
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Licensed Formula Wholesaler Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Primary Grocery Wholesaler Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Actual Sales     Estimated Sales

Annual Food Sales of SNAP-Eligible Foods (non-taxable) \_\_\_\_\_

Annual Non-Food Sales (taxable) \_\_\_\_\_

Annual Total Sales \_\_\_\_\_

### Part 6. Qualifying Questions

Have the owners, officers, or managers of this store, during the past ten (10) years, ever:    *(Check all that apply and explain each occurrence on a separate sheet.)*

- been disqualified from SNAP (Food Stamps) and/or any WIC Program
- received a notice of intent to terminate, suspend, or disqualify the store
- paid a fine or civil money penalty to WIC or SNAP
- had a WIC vendor agreement not renewed at any store location either in Indiana or another state
- none of the above

Has the store, owner(s), officer(s), or managers been subject to any civil, criminal, or administrative action to include any action now pending or within the past ten (10) years in Indiana or another state, which reflects on their business practices, reputation, or integrity?

- Yes *(Explain on an attached sheet and list all occurrences.)*
- No

Does an employee of the state or local WIC agency or any member of his/her immediate family or his/her business partner have any financial interest in this store?

- Yes *(Explain the relationship and names and the nature of the financial interest.)*
- No

Are any of the current store owners related (including in-laws) to any previous owners at this location?

- Yes *(Explain the relationship and names of the related people and note the timeframe of previous ownership.)*
- No

Was the previous related owner disqualified, fined, sent a warning letter, or sent a notice of Complaint and Request for Hearing from WIC or SNAP?

- Yes *(Explain on an attached sheet and list all occurrences.)*
- No

Are WIC-approved foods marked with the actual selling price on or near the foods?

- Yes
- No *(Explain on an attached sheet.)*

Do you agree to retain invoices for all WIC items purchased by your store for a period of at least three (3) years? *(You must answer "yes" to be authorized.)*

Yes

No

Do you agree to only purchase infant formula and WIC-eligible nutritionals from sources approved by Indiana WIC? *(You must answer "yes" to be authorized.)*

Yes

No

Do you agree to provide a receipt with each WIC purchase?

Yes

No

Does your store currently require a receipt for returns and exchanges?

Yes

No

If your store does not currently require receipt for returns and exchanges, will you require this as a WIC vendor? *(You must answer "yes" to be authorized.)*

Yes

No

## Part 7. WIC EBT

Does your store process SNAP EBT transactions using a separate point-of-sale (POS) device that is not part of your cash register system?

Yes

No

Do you intend to use an integrated cash register (ICR) system to accept WIC EBT transactions?

Yes *(Please fill out remaining sections of Part 6.)*

No *(Please proceed to Part 7.)*

ICR Brand \_\_\_\_\_

Name of ICR system (example - IBM SurePOS 741 Series) \_\_\_\_\_

ICR Software Application (example - IBM SurePOS ACE Version 7) \_\_\_\_\_

ICR Operating System (example - IBM 4690 OS Version 6) \_\_\_\_\_

Card Reader System (example - Verifone MX860) \_\_\_\_\_

Card Reader Operating System (example - Verifone OS Version 18) \_\_\_\_\_

POS Provider Name \_\_\_\_\_

POS Provider Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Third Party Processor (TPP) Name \_\_\_\_\_

TPP Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

*Note: ICR stores must be certified by Indiana WIC prior to accepting WIC EBT transactions. Indiana WIC encourages the use of ICR systems because transactions are then more efficient for vendors and WIC clients, but vendors may choose to use separate WIC POS devices. Unless a vendor is needed for client access, stand beside WIC POS devices cost \$75/month with an initial \$50 activation fee per device.*

## Part 8. Signature

### MY SIGNATURE CERTIFIES THAT:

1. I am authorized to sign and submit this application on behalf of the store.
2. All of the submitted information is accurate and nothing has been withheld. I understand that any inaccurate or withheld information may result in rejection.
3. I understand that Indiana WIC has the authority to approve or reject applications.

\_\_\_\_\_  
Authorized Signature of Owner, Partner, or Corporate Officer

\_\_\_\_\_  
Title of Authorized Official

\_\_\_\_\_  
Typed / Printed Name of Above Official

\_\_\_\_\_  
Date Application Signed (MM/DD/YYYY)

*Signatures may be accepted as e-signatures or handwritten signatures.*



*Please provide any additional information in the space below.*

**PLEASE REMEMBER TO E-MAIL COMPLETED MATERIALS TO [WICVENDORMAIL@ISDH.IN.GOV](mailto:WICVENDORMAIL@ISDH.IN.GOV) AS ATTACHMENTS.**

**Civil Rights Statement:**

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, audiotape, 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 made 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](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 to USDA by:

-1 Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

-2 Fax: (202) 690-7442; or

-3 E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

USDA is an equal opportunity provider and employer.