WIC VENDOR REQUEST FOR AN APPLICATION

The following information is required to process this request. Please answer all the questions below. Incomplete information cannot be processed. Please fax the completed form to 517-335-9514.

****PLEASE NOTE****
This is NOT a WIC application. The WIC Program limits the number of stores by zip code. If you are a new store interested in WIC authorization, you will be sent a WIC application ONLY if there is an opening for a new store in your zip code.

NAME OF STORE:____________________________________ # OF CASH REGISTERS _______

PHYSICAL ADDRESS OF STORE:____________________________________________________

CITY, STATE AND ZIP CODE OF STORE:____________________________________________

STORE PHONE NUMBER (INCLUDE AREA CODE):________________________________________

COUNTY IN WHICH STORE IS LOCATED:_____________________________________________

ARE YOU BUYING A STORE THAT CURRENTLY ACCEPTS WIC? YES_____ NO_____

ARE YOU A PHARMACY APPLYING TO SELL INFANT FORMULA ONLY? YES_____ NO_____

STORE OWNERS' NAME:____________________________________________________________

SNAP (FOOD STAMP) PERMIT NUMBER:____________________________________________

FEDERAL IDENTIFICATION/TAX IDENTIFICATION NUMBER:_______________________________

(IF YOU DON'T HAVE FED. ID # OR TIN #, LIST SOCIAL SECURITY #):___________________

ALTERNATIVE CONTACT NAME AND PHONE NUMBER IF DIFFERENT FROM OWNER:

_______________________________________________________________________________

IF YOU WISH THE INFORMATION TO BE SENT TO ANOTHER ADDRESS, PLEASE LIST THAT ADDRESS HERE:

_______________________________________________________________________________

SIGNATURE:__________________________ DATE:________________________

Rev. 5/2013