

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
WIC VENDOR LIMITATION EXCEPTION ELIGIBILITY  
REVIEW FORM**

ALL questions must be answered.

**INCOMPLETE FORMS MAY BE RETURNED TO YOU**

WIC Office Use Only		
North _____	Central _____	SE _____
OAP _____	Unfilled Opening _____	
Client Acc _____	Lim Exception _____	
COO _____	COI _____	COL _____
Reviewed By _____		
Recommended By _____		

1. Owning Entity's name (e.g. Sam's Store, Inc):

\_\_\_\_\_

2. Store Name as it appears on the store sign and/or building:

\_\_\_\_\_

3. Do you use any other names to advertise your store? If yes, list them:

\_\_\_\_\_

4. Actual retail store address

Street \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Mailing Address (if different from #4 above)

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Contact Information

(a) Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

(b) Store Phone Number 


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(c) Store Fax Number 


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(d) Store e-mail address: \_\_\_\_\_ @ \_\_\_\_\_

7. Federal Tax Identification Number: 

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8. (a) Number of square feet of retail space open to customers: \_\_\_\_\_

(b) Number of square feet for food storage: \_\_\_\_\_

(c) Number of cash registers/checkout lanes normally in use: \_\_\_\_\_  
(Provide an exact number. Do not give range. Do not include lottery machines)

9. Regular Store Hours: Weekdays \_\_\_\_\_ to \_\_\_\_\_ Sat. \_\_\_\_\_ to \_\_\_\_\_ Sun. \_\_\_\_\_ to \_\_\_\_\_

10. (a) **Annual** Gross Sales \$ \_\_\_\_\_ 12-month period of: \_\_\_\_\_ to \_\_\_\_\_

(b) **Annual** Gross Food Sales \$ \_\_\_\_\_ 12-month period of: \_\_\_\_\_ to \_\_\_\_\_

(c) **Annual** Alcohol Sales (include ALL liquor, beer and wine sales)

\$ \_\_\_\_\_ 12-month period of: \_\_\_\_\_ to \_\_\_\_\_

Check if estimate. Estimates for 16(a-c) are acceptable only if you have been open less than 1 year.

(d) Do you expect more than 50% of your annual food sales will come from WIC sales? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**DO YOU CURRENTLY HAVE IN STOCK THE MINIMUM REQUIRED QUANTITIES  
FOR ALL FOOD CATEGORIES LISTED BELOW? YES \_\_\_\_ NO \_\_\_\_**

NOTE: THIS IS TWICE THE MINIMUM STOCK REQUIRED OF NON-LIMITATION EXCEPTION STORES

**THIS QUESTION MUST BE ANSWERED. YOUR ANSWER MUST BE BASED ON THE INVENTORY CURRENTLY IN YOUR STORE, NOT WHAT YOU AGREE TO CARRY IF APPROVED.**

See the WIC Food Guide to determine the specific WIC authorized brands, types and sizes.

**A WIC VENDOR AUTHORIZED UNDER THE LIMITATION EXCEPTION MUST HAVE, AT A MINIMUM, THE FOLLOWING FOOD ITEMS IN STOCK AT ALL TIMES:**

CATEGORY	TYPE OR BRAND	QUANTITY
INFANT FORMULA	12.5 oz can powder Enfamil INFANT and/or 12.4 oz can powder Enfamil GENTLEASE. 13 oz can concentrate Enfamil Infant must be made available upon request	24 Cans total of powder
INFANT FRUITS & VEGETABLES	4 oz glass jar and/or 4 oz 2-pack plastic tub infant baby food (fruit or vegetable) – Must be Beech-Nut, Gerber, Meijer Baby or Tippy Toes. Any variety single fruit or vegetable Any variety mixed fruits and/or vegetables  Not Authorized: Organic, additives or DHA. See WIC Food Guide for more information.	144 Units Total  At least 2 varieties of single or mixed fruits AND 2 varieties of single or mixed vegetables  Fruit and vegetables mixed in the same container do not count towards the minimum stock requirement.
INFANT CEREAL	Any brand. 8 oz box/container, dry infant cereal without fruit and/or formula or DHA/ARA.	12 boxes/containers
FRESH FRUITS & VEGETABLES	Any combination of fresh fruits and vegetables. Must carry at least 4 varieties of fruits and 4 varieties of vegetables.	\$50 Retail value OR 20 pounds. Vendors that prefer to only meet the 20-pound requirement must make equipment available to weigh fruits and vegetables.
MILK	Any brand of whole and low fat (1%, ½%), or fat free (skim). See food guide for types not allowed.	8 Gallons Whole Milk AND 16 Gallons Low Fat or Fat Free Milk
CHEESE	Any brand U.S. made real cheese. Must be pre-packaged in <u>16 oz sizes only</u> . No other sizes allowed. Must be labeled with type of cheese, weight and price.	10 Pounds
EGGS	Any brand and size of eggs listed in the WIC Food Guide. 1 dozen size only.	10 Dozen
CEREAL	At least 12 brands in approved sizes. At least 6 of the 12 brands must be whole grain. See Food Guide for approved brands.	24 Boxes
BREAD	Any combination of 16 oz (1 lb.) loaves of whole grain bread and/or 16 oz (1 lb.) packages of tortillas.	12 Total Loaves and/or Packages
JUICE	At least 4 flavors in 64 oz plastic bottles AND 4 flavors in 48 oz plastic, or 11.5 – 12 oz conc. See Food Guide for approved brands.	20 Bottles 64 oz AND 10 Plastic bottles 48 oz or 11.5-12 oz concentrate
PEANUT BUTTER	Any brand (smooth, creamy, crunchy, extra crunchy) 16-18 oz jar only. No specialty brands.	8 Jars

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW:**

False statements will be referred to USDA, Michigan Liquor Control, Lottery, Treasury, and Attorney General offices and other appropriate Federal and State Agencies.

I understand the following:

- This is only an eligibility verification form to assist the Department in determining the eligibility of the store listed herein to be considered for WIC authorization under the policy exception criteria.
- This form does not constitute either an application or a contract.
- This form does not guarantee consideration, selection or authorization to participate in the WIC program.
- The information contained herein may be confirmed by the Department of Health and Human Services through an unannounced visit to your store by a WIC representative.
- If any information contained in this form is found to be false, your request for WIC authorization may be refused consideration.
- A determination of ineligibility to qualify for the policy exception is not subject to appeal.

**I certify that the information contained in this application is true and correct to the best of my knowledge and belief. I understand that any false statements may be grounds for refusal to consider this or any future requests for WIC authorization. I further certify that I am authorized to sign this request on behalf of the owner(s) of the store.**

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Print Your Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MAIL COMPLETED APPLICATION TO:**

**Michigan Department of Health and Human Services  
Elliott-Larsen Building – 6<sup>th</sup> Floor  
WIC Vendor Relations Unit  
320 S. Walnut  
Lansing, MI 48913**

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