

**MDHHS-5942-V, WIC FULL-LINE VENDOR APPLICATION**

Michigan Department of Health and Human Services

(Revised 4-26)

**SECTION 1 – WOMEN, INFANTS, AND CHILDREN (WIC) OFFICE USE ONLY**

North       Central       SE

Check one

OAP     Unfilled Opening     Client ACC  
 Lim Exception     COO     COI     COL

Reviewed By \_\_\_\_\_

Recommended By \_\_\_\_\_

**SECTION 2 – APPLICATION (ALL questions MUST be answered. Incomplete applications may be returned to you.)**

1. Owing Entity's name as it appears on page 2 (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. Retail Store Street Address  
\_\_\_\_\_

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

5. Mailing Address (if different from #4 above)  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECTION 3 – CONTACT INFORMATION – ALL FIELDS REQUIRED**

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

6 (b) Owner Phone Number \_\_\_\_\_ 6 (c) Store Phone Number \_\_\_\_\_ 6 (d) Store Fax Number \_\_\_\_\_

6 (e) Store email address \_\_\_\_\_

7. Is the store a currently authorized WIC Vendor?      If yes, list your WIC Vendor Number  
 Yes     No      WIC # \_\_\_\_\_ - \_\_\_\_\_

8. Are you applying as a (**Note:** there is a separate application for stand-alone Pharmacies)  
 Grocer – MUST meet minimum inventory requirements on page 6 to be considered for authorization.  
 Grocer with Pharmacy – MUST meet minimum inventory requirements on page 6 to be considered for authorization.

9. MDARD Retail Food Establishment License Number (Note: Attach a copy of the License)  
\_\_\_\_\_

10. Pharmacy License Number (Note: Attach a copy of the License) \_\_\_\_\_ Expiration Date \_\_\_\_\_

11. You must participate in SNAP to be eligible for WIC authorization as a Grocer. If you do not know your SNAP number, call the SNAP Retailer Service Center at 877-823-4369. SNAP Authorization Number \_\_\_\_\_

12. Federal Tax Identification Number \_\_\_\_\_ - \_\_\_\_\_  
(If your tax ID number has changed, contact the WIC office immediately at 517-335-8937.)

**SECTION 4 – PROOF OF OWNERSHIP**

13. You **MUST** attach proof of ownership or your application may be returned to you. If you have either a Liquor License (SDD) or Beer & Wine License (SDM), you must submit a copy as proof of ownership. If you do not have either an SDD or SDM License, see the list of acceptable proof of ownership documents following each ownership type.

IMPORTANT - The information shown on your proof of ownership documents **MUST** include the names you provided in numbers 1 and 2 **AND** must match the ownership information you enter below.

**SECTION 5 – TYPE OF OWNERSHIP – COMPLETE ONLY ONE SECTION (Do Not Fill In More Than One Section.)**

14. For general information about the requirements for business ownership entities in Michigan visit: [http://www.michigan.gov/lara/0,4601,7-154-61343\\_35413---,00.html](http://www.michigan.gov/lara/0,4601,7-154-61343_35413---,00.html) or [http://www.michigan.gov/business/0,4539,7-255-49232\\_49433-187194--,00.html](http://www.michigan.gov/business/0,4539,7-255-49232_49433-187194--,00.html)

If you have questions about your type of ownership, consult with your attorney or business advisor.

**14 (a) CORPORATION** (corp., co., inc., or ltd) – Complete this section **ONLY** if your store is incorporated. If your store is owned by a Corporation you **MUST** enclose: a copy of an **SDD or SDM License**, OR a copy of the **Articles of Incorporation**.

Corporation Name

Corporation Address City State Zip Code

Corporation President's Name Corporation Vice-President's Name Corporate Secretary's Name

**14 (b) LIMITED LIABILITY COMPANY OR LIMITED LIABILITY PARTNERSHIP (L.L.C. OR L.L.P.)** – Only complete this section if your store is owned by an L.L.C. or L.L.P. If your store is owned by a L.L.C. or L.L.P you **MUST** enclose: a copy of an **SDD or SDM License**, OR a copy of the **Articles of Organization**.

Limited Liability Company/Partnership Name

First Member/Partner's Name Second Member/Partner's Name

Business Address City State Zip Code

**14 (c) SOLE PROPRIETORSHIP** – Only complete this section if your store is owned by 1 person and is NOT incorporated. (A corporation with a single stockholder is NOT a sole proprietorship.)

If your store is owned by a Sole Proprietor you **MUST** enclose: a copy of an **SDD or SDM License**, OR a **Assumed Name Certificate**.

Owner's Name Telephone Number

Address City State Zip Code

**14 (d) PARTNERSHIP** – Only complete this section if your store is owned by 2 or more individuals that are partners, have not filed as a Limited Liability Company or Limited Liability Partnership, and have a Partnership Agreement. (A corporation with two or more stockholders is NOT a partnership.) If your store is owned by a Partnership you **MUST** enclose: a copy of an **SDD or SDM License OR a Partnership Agreement AND an Assumed Name Certificate.**

Partner's Name	Partner's Name	Partner's Name
Business Address	City	State Zip Code

**SECTION 6 – ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION MAY BE RETURNED**

15 (a) Number of square feet of retail space open to customers \_\_\_\_\_

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

16. Regular Store Hours  
Weekdays \_\_\_\_\_ to \_\_\_\_\_ Saturdays \_\_\_\_\_ to \_\_\_\_\_ Sundays \_\_\_\_\_ to \_\_\_\_\_

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

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

Check if estimate. Estimate for 17(a) and 17(b) are acceptable only if you have been open less than ones year.

18. Do you expect more than 50% of your annual sales will come from WIC sales?  Yes  No

**For questions 19-24, use additional pages if necessary.**

19. During the last six years, have any of the owners, officers, or managers been convicted of or had a civil judgment entered against them for: fraud, anti-trust violations, embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice?  Yes  No

If yes, provide details:

20. Has the current applicant or its officers, managers, or employees involved in operation of this location ever been disqualified from SNAP or the WIC Program?  Yes  No

If yes, provide details:

21. Has this location or applicant ever been assessed a Civil Money Penalty (CMP) by SNAP for hardship?  Yes  No

If yes, provide details:

22. Has the applicant or its officers, managers or employees involved in the operation of this location ever been withdrawn or denied authorization by SNAP (Food Stamps)?  Yes  No

If yes, provide details:

23. Do any employees of the local agency or the state department administering the WIC Program have an ownership or financial interest in the operation or management of this location?  Yes  No

If yes, provide details:

24 (a) How many stores does the owning entity reported in Question 14 own? \_\_\_\_\_

24 (b) During the last six years, have any of the owners, officers, or managers been affiliated with another WIC authorized store and/or applied for WIC authorization at another location?  Yes  No

If yes, provide the requested information below. Additional pages may be attached.

<b>Store Name</b>	<b>Store Address</b>	<b>Person's Name</b>	<b>Person's Title</b>	<b>Approx. Dates of Association</b>

Chain Vendors must attach a separate page which contains the information requested in questions 1-12 and 15-18 for each outlet. This separate page may be provided in spreadsheet form.

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**SECTION 7 – SOURCE OF INFANT FORMULA**

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25. Per [Vendor Policy 2.02](#), WIC Vendors must purchase WIC-approved foods, formulas and medical foods exclusively from WIC-accepted suppliers.

WIC-accepted supplier means a supplier of WIC-approved foods and/or formulas that is:

A Michigan based wholesaler, distributor, or retailer that is licensed to distribute food by the Michigan Department of Agriculture and Rural Development (MDARD);

A non-Michigan based wholesaler, distributor, or retailer that is licensed to distribute food by the MDARD equivalent in the jurisdiction in which it is located;

A Michigan based pharmacy that is licensed by the Michigan Department of Licensing and Regulatory Affairs (LARA);

A non-Michigan based pharmacy that is licensed by the LARA equivalent in the jurisdiction in which it is located; or

A manufacturer that is registered with the Food and Drug Administration (FDA).

Please provide a list of retailers, wholesalers, and/or manufacturers from whom you purchase infant formula below. To assure compliance with [Vendor Policy 2.02](#), you may be asked to submit a copy of the license of your source of infant formula.

A regularly updated list of MDARD-licensed sources can be found on the WIC Vendor website at [Michigan.gov/WICVendor](http://Michigan.gov/WICVendor).

Name of Retailer/Wholesaler/Manufacturer	Address	Formula Manufacturers Sourced from Distributer (e.g. Nestle, Mead Johnson, Abbott, Nutricia)	Have you verified this source is a WIC-accepted supplier?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 8 – MINIMUM STOCK REQUIREMENTS

26. Do you currently have in stock the required quantities for all food categories listed below?  Yes  No

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.

A WIC Vendor MUST have, at a minimum, the following food items in stock at all times. See the WIC Food Guide to determine the specific WIC-approved brands, types and sizes.

FOOD GROUP	TYPE OR BRAND	QUANTITY
<b>Fruits</b>	Any combination of approved fresh, frozen or canned fruits. Varieties within the same family count as one variety. Lemons and limes count as one variety.	\$20 Retail Value OR 15 lbs. 4 Varieties – 2 must be fresh
<b>Vegetables</b>	Any combination of approved fresh, frozen or canned vegetables. White potatoes, cilantro and parsley are approved, but DO NOT count towards minimum stock.	\$20 Retail Value OR 15 lbs. 4 Varieties – 2 must be fresh
<b>Bread</b>	Whole wheat/whole grain bread or bread products, including buns, bagels, English muffins, and pita.	4 Units (1 unit = any size package)
<b>Whole Grains</b>	Approved whole grain options include bread, tortillas, brown rice, pasta, and oats.	4 Units (1 unit = any size package)
<b>Nut and Seed Butter</b>	Any brand (smooth, creamy, crunchy, extra crunchy) 16-18 oz jar only. No specialty brands.	4 Jars
<b>Beans, Lentils and Peas</b>	Any brand in 16 oz bags and/or 15-16 oz cans/jars. 4 cans = 1 bag of dry beans, lentils or peas.	4 Units (1 unit = 16 oz bag or 4 cans)
<b>Fish</b>	Any brand in 2.5-30 oz packages of chunk light tuna, mackerel, sardines, or pink salmon.	12 Units (1 unit = package/can any size)
<b>Cereals</b>	At least 3 varieties in approved sizes. At least 1 of the 3 brands must be whole grain.	9 Units (1 unit = box/bag of any size)
<b>64 oz Juices</b>	At least 2 flavors in 64 oz	10 units, at least 2 flavors
<b>Infant Fruits and Vegetables</b>	This includes the 4 oz glass jar, 4 oz 2-pack plastic tubs, and other size containers. Any variety single fruit or vegetable Any variety mixed fruits and/or vegetables	72 Units (1 unit = any size container At least one fruit(s) AND one vegetable(s) varieties.
<b>Infant Cereals</b>	At least 2 varieties infant cereal without added fruit and/or formula or DHA/ARA.	6 Units, 2 Varieties (1 unit = 8 oz)
<b>Formula</b>	Any combination of powdered cans of Similac 12.4 oz ADVANCE, 12.6 oz GENTLE COMFORT, 12.5 oz SENSITIVE and/or 12.4 oz SOY ISOLMIL.	12 Units (1 unit = 1 can)
<b>Eggs</b>	Any size, white shells only, one dozen package; must be cage free.	5 Units (1 unit = dozen eggs)
<b>Whole Milk</b>	Any brand of whole milk in full gallons.	4 Units (1 unit = 1 full gallon)
<b>Low Fat and/or Fat Free Milk</b>	Any brand of low fat (1%, ½%), and/or fat free (skim) milk in full gallons.	4 Units (1 unit = 1 full gallon)
<b>Yogurt</b>	Any brand of approved yogurt in 32 oz tubs, 4 oz 4-packs, 4 oz 8-packs, 2 oz 8-packs, and/or 2 oz 16-packs	4 Units (1 unit = 32 oz)
<b>Cheese</b>	Any brand of pre-packaged cheese in the types listed in the Food Guide.	5 Units (1 unit = 16 oz)

If your application indicates that you do not meet minimum stock requirements, it may be denied.

**SECTION 9 – MICHIGAN WIC EBT INFORMATION**

27. The Michigan WIC Program processes WIC transactions and reimburses its Vendors through the use of the Michigan WIC EBT Card. This process is done by electronic benefits transfer (EBT). Please provide the information requested below. The information you give **MUST** be accurate.

Check next to the picture below that best describes the way that your store currently does or plans on conducting WIC transactions. Please circle ONE image only.

A cash register and a separate POS device



If you choose this image, skip to the bottom of this page and continue to the next page.

A cash register with built in EBT capabilities (integrated)



If you choose this image, fill out the information below (27a-c), then continue to the next page.

27 (a) Where did or will your WIC integrated software come from? (Check One)

- Business Machines Company
- Great Lakes Data Systems
- National Retail Solutions
- North Country Business Products
- Retail Data Systems
- STCR
- Store Owned
- Other \_\_\_\_\_

25 (b) What integrated point of sale software do you use (Select all that apply)

- LOC SMS
- LOC ThriVersA
- NCR Emerald
- NCR Encor
- NRS Elmer 1000
- Osprey
- Toshiba POS
- TotilPay Register
- Other \_\_\_\_\_

27 (c) Who processes or will process your WIC reimbursements? (Check One)

- Vantiv
- World Pay
- First Data
- Other \_\_\_\_\_

Optional Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## SECTION 10 – WIC VENDOR SELECTION CRITERIA

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The information you provide will be verified during a pre-authorization site visit and future monitoring visits. If you do not comply, it may result in corresponding adverse action.

### **WIC Vendor Selection Criteria (Vendor Policy 2.02)**

In order to be eligible for consideration, an applicant must meet the following requirements:

#### **All Vendors (Grocer; Grocer with Pharmacy; Pharmacy):**

1. Compliance with competitive prices and price limitations as determined by the Department. (See [Vendor Policy 2.03 Vendor Peer Groups.](#))
2. Lack of any conflict of interest between the Vendor and the local agency or the Department as defined by applicable State laws, regulations and policies.
3. Business integrity as determined by the Department. Unless denying authorization of a Vendor applicant would result in inadequate participant access, the Department will not authorize a Vendor applicant if during the past six years the Vendor applicant or any of the Vendor applicant's current owners, officers, or managers have been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity. Activities indicating a lack of business integrity include, but are not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.
4. Compliance history with WIC program policies, rules and regulations, as applicable, and compliance with any prior contract with the Department. In the case of stores owned jointly or by corporations, the Department may evaluate past performance of one or more of the same partners, shareholders, directors or officers at other locations.
5. Lack of negative history indicating the store was sold by its previous owner in an attempt to circumvent a WIC sanction. The Department will consider such factors as to whether the store was sold to a relative by blood or marriage of the previous owner(s) or sold to an individual or organization for less than its fair market value. The Department may also consider other factors in making its determination.
6. Purchase of WIC-approved foods, formulas and medical foods exclusively from WIC-accepted suppliers.

#### **Full-line Vendors (Grocer; Grocer with Pharmacy)**

1. Availability of mandatory minimum stock of WIC-approved foods. (See Exhibit 2.02A WIC Vendor Minimum Stock Requirements.)
2. Documented authorization in the Supplemental Nutrition Assistance Program (SNAP). A WIC Vendor must be in good standing with the USDA Food and Nutrition Service.
3. Valid license issued by the Michigan Department of Agriculture & Rural Development (MDARD).
4. Minimum required volume of WIC transactions. A Vendor that transacts less than \$800 in WIC EBT transactions per fiscal quarter will be considered a low volume Vendor, which may indicate lack of demand for that particular store. Vendors will receive a warning the first quarter they are found out compliance with this requirement. If a Vendor is not in compliance with the requirement to transact \$800 or more in WIC EBT transactions during the next fiscal quarter, the Vendor will be terminated and disqualified. New Vendors will be evaluated after the first full fiscal quarter of authorization.
5. A Vendor's total WIC sales for any annual period that do not exceed 50% of the Vendor's total annual food sales.

#### **Pharmacy Vendors (Grocer with Pharmacy; Stand-alone Pharmacy)**

1. Valid Pharmacy License and good standing with the Department of Licensing and Regulatory Affairs (LARA).
2. Ability and willingness to order WIC-approved formulas and nutritional when requested by a participant or WIC program representative.

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28. Do you meet each of the above WIC Vendor Selection Criteria for your store type as selected in Question 8? (Check One)  Yes  No

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**29. 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.

If this application is incomplete or not submitted by the due date, it will not be considered. The due date is indicated in the notice that accompanied this application, if applicable.

I understand that this application is only a request for a WIC Vendor Contract and does not constitute a contract or application for a license. I also understand that this application does not guarantee selection nor authorization to participate in the WIC Program, and that information listed herein will be verified by the Michigan Department of Health and Human Services during an on-site visit or by other means. The Department may also request purchase records, invoices or receipts to substantiate price or inventory information contained in this application. If the WIC Program is unable to verify that the information contained in this application is correct and accurate, or if it is found to be false, the applicant may be refused consideration.

In the event that this application is approved, and a contract is executed, I understand that I will be bound by all rules, regulations and requirements of the WIC Program, USDA-FNS, in addition to the terms and conditions of the WIC Vendor Contract.

**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 denial of this or any future applications or may result in the termination or termination and disqualification of the WIC Vendor Contract. To the extent there are any material changes in the information that I have provided in this application, I will immediately advise the WIC Program of these changes in writing. I further certify that I am authorized to sign the application on behalf of the owner(s) of the store.**

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Print Your Name

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Print Your Title

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Signature

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Date

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**SECTION 12 - SEND COMPLETED APPLICATION TO**

Email: [MDHHS-WICVendor@michigan.gov](mailto:MDHHS-WICVendor@michigan.gov)

Fax: 517-335-9514

Mail: Michigan Dept. of Health and Human Services

Elliott-Larsen Building – 6th Floor

WIC Vendor Relations Unit

320 South Walnut Street

Lansing, MI 48913

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