

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 AS REGISTERED WITH SNAP: _____ # OF CASH REGISTERS: _____

IF DIFFERENT, NAME OF STORE AS ADVERTISED: _____

NAME OF OWNER: INDIVIDUAL/ENTITY: _____

PHYSICAL ADDRESS OF STORE: _____

CITY, STATE AND ZIP CODE OF STORE: _____

COUNTY IN WHICH STORE IS LOCATED: _____

STORE PHONE NUMBER (INCLUDE AREA CODE): _____

BUSINESS EMAIL ADDRESS (MANDATORY): _____

ARE YOU BUYING A STORE THAT CURRENTLY ACCEPTS WIC? YES _____ NO _____

ARE YOU A PHARMACY APPLYING TO SELL INFANT FORMULA ONLY? YES _____ NO _____

HAVE YOU OWNED AN AUTHORIZED WIC VENDOR AT ANY OTHER LOCATION? YES _____ NO _____

SNAP (FOOD STAMP) PERMIT NUMBER: _____

MDARD (FOOD LICENSE) LICENSE NUMBER: _____

FEDERAL IDENTIFICATION/TAX IDENTIFICATION NUMBER: _____

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

PRIMARY WIC 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: _____

* All interested vendors can learn about the Michigan WIC Program and Vendor Requirements at www.michigan.gov/WICVendor