

E-Mail Address: _____

Telephone: _____ Authorized Agent SSN: _____ - _____ - _____
(must be different from store telephone #)

Corporation ownership type **(Complete if you currently do not have any authorized WIC stores in AR)**

1. President Name - _____
SSN: _____ - _____ - _____
Percentage owned - _____
Email - _____

2. Vice-President Name - _____
SSN: _____ - _____ - _____
Percentage owned - _____
Email - _____

3. Secretary Name - _____
SSN: _____ - _____ - _____
Percentage owned - _____
Email - _____

4. Treasurer Name - _____
SSN: _____ - _____ - _____
Percentage owned - _____
Email - _____

5. Shareholder #1 Name - _____
SSN: _____ - _____ - _____
Percentage owned - _____
Email - _____

Ownership

Number of Non-WIC Stores Owned: _____ Number of WIC Stores Owned: _____

Store Demographics:

Daily hours of operation: _____ a.m. to _____ p.m. Days closed: _____

Number of cash registers: _____ Square footage of retail space: _____

Does the store have scanners? Yes No Scanners identify WIC food? Yes No

Total Annual Sales for previous calendar year and/or projected sales (DO NOT LEAVE ANY SECTIONS BLANK) rounded to nearest dollar:

Total Store Sales \$ _____ (must equal the total of the 4 sub-categories below)

SNAP Sales \$ _____ WIC Sales \$ _____

Total Non-Food Sales: \$ _____ Total Other Food Sales (not WIC/SNAP) \$ _____

Arkansas State Sales Tax Number: _____ Federal Tax ID Number: _____

Health Department Food Services Permit Number: _____

Are you currently authorized as a USDA SNAP Retailer? Yes No

SNAP Number: _____ Authorization Date: _____

If "no", have you applied for USDA SNAP authorization? Yes No

Primary Grocery Wholesaler:

Name: _____ Telephone: _____

Address: _____
Street or PO Box City State/Zip

Milk Wholesaler:

Name: _____ Telephone: _____

Address: _____
Street or PO Box City State/Zip

Licensed Formula Wholesaler:

Name: _____ Telephone: _____

Address: _____
Street or PO Box City State/ Zip

Vendor Authorization for Direct Deposit (ACH Credits):

I (we) hereby authorize the Arkansas WIC Program, herein called the State Agency to initiate credit entries to my (our) account. If funds that I am entitled to are deposited in my account, I (we) authorize the State Agency to direct the financial institution(s) to return said funds. These credit transactions should be made to the depository bank named below.

Banking Information:

Please verify your routing & account number with your bank or corporate office before completing this section.

Depository Bank Name: _____

Branch Address: _____
City State Zip

Routing Number: _____ Account Number: _____

Telephone Number: _____ E-Mail: _____

This authorization is to remain in full force and effective until the State Agency has received written notification from me of its termination.

Vendor Authorized Agent: _____
First Name Last Name

Signature: _____ Date: _____

Title: _____

STATEMENT OF APPLICATION

By signing below, the applicant(s) agrees to update any information on this application as requested by the WIC Program. The undersigned asserts that all of the statements and information provided on this application are true, complete and accurate and understands that false information shall result in denial or withdrawal of approval to participate in the Arkansas WIC Program.

SIGNATURES

Authorized Agent: _____ Date: _____

Owner: _____ Date: _____

NOTE: This application is not a contract, nor is it a vendor participation agreement. New or continued participation will not be authorized unless the WIC Program has received the completed application, conducted vendor training and approved an on-site visit of the vendor's place of business and notified the vendor of authorized status.

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Arkansas WIC Vendor Applicant Questionnaire
(Questionnaire must be completed and attached to vendor application)

Store Information:

Is the store now open for business to the public **and** is the applicant(s) the current legal owner?

Yes No

If no, are you dependent on authorization by the WIC Program to open your store?

Yes No

If no, on what date do you expect to take ownership or open the store? _____

If yes, did you purchase the store in the past three (3) years? Yes No

If yes:

a) What was the previous name of the store and if corporation, corporation name?

b) Is the applicant(s) (e.g. owner(s), board members, corporation officers, etc.) related by blood or marriage to any of the previous owners? Yes No

c) Please provide the names of the previous owners and specify their relationship to the applicant(s).

i) _____

ii) _____

iii) _____

If the store is open but still under the ownership of someone else, is the store currently on the Arkansas WIC Program? Yes No

If yes:

a) Is the applicant(s) (e.g. owner(s), board members, corporation officers, etc.) related by blood or marriage to any of the current owners? Yes No

b) Please provide the names of the current owners and specify their relationship to the applicant(s).

i. _____

ii. _____

iii. _____

Under your ownership, has the store had any previous vendor agreements with the Arkansas WIC Program?

Yes No Dates of previous agreements: _____

If yes, has the physical address changed since it was last authorized for the Arkansas WIC Program? Yes No

Has the store been disqualified from another state's or Indian Tribal Organization's (ITO) WIC Program based on a mandatory federal sanction? Yes No

When: _____ What State/ITO: _____

Does any other state's or ITO's WIC Program authorize this store? Yes No

If yes, what other states or ITOs? _____

List other stores owned by applicant(s) that are currently participating in the Arkansas WIC Program (Attach additional sheets if applicable):

A. _____

B. _____

C. _____

Sales Information:

Do any of the parties to this application currently have a store(s) in Arkansas or outside of Arkansas that has 50% or more of its annual food sales revenue from the sale of foods using WIC Checks? Yes No

If yes, please list the stores and store locations or attach a list.

A. _____

B. _____

C. _____

Do you expect the store's WIC sales to be more than 50% of your total annual food sales?

Yes No

Does the store sell the following items (check all that apply or the box for "all of the above"):

Fresh Vegetables		Fresh Beef	
Fresh Fruit		Fresh Pork	
Frozen Vegetables		Fresh Chicken	
Frozen Fruit		Frozen Beef	
Bread		Frozen Pork	
Rolls/Buns		Frozen Chicken	
Cereal (10 oz. box or larger)		Infant Formula	
Rice and Pasta		Infant Fruits or Vegetables	
Milk – gallons, half-gallons, quarts		Infant Cereal (rice or oatmeal)	
Cheese – 16 oz. packages		Juice (100% Juice) 64 oz. container	
Yogurt – 32 oz. containers		Juice (100% Juice) 46-48 oz. container	
Canned Beans		Staples – flour, sugar, salt, spices	
Dry Beans		Canned Fish	

All of the above

Supplemental Nutrition Assistance Program (SNAP):

Have you received a warning from SNAP in the last two (2) years?

Yes No Date of Warning: _____

Have you ever received a suspension from SNAP?

Yes No Date of Suspension: _____

Are you disqualified from SNAP?

Yes No Date of Disqualification: _____

Length of Disqualification: _____

(attach a copy of all documentation related to any SNAP disqualification)

Have you ever received a Civil Money Penalty from SNAP?

Yes No When: _____ In lieu of what time period? _____

Conflicts of Interest:

List any employees of the store who are employed by the Arkansas Department of Health.

A. _____

B. _____

C. _____

List any relatives (father, mother, sister, brother, husband, wife, child, grandparents, cousins, aunts, uncles, and in-laws) of manager/owner(s) who are employed by the Arkansas Department of Health.

A. _____

B. _____

C. _____

Business integrity:

In the last six (6) years have any owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity (check all that may apply):

- | | |
|--|--|
| <input type="checkbox"/> Trafficking in WIC Checks or SNAP in any state | |
| <input type="checkbox"/> Exchanging WIC checks or SNAP benefits for alcohol, tobacco, firearms, ammunition, explosives, or controlled substances | |
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Falsification or destruction of records |
| <input type="checkbox"/> Antitrust violations | <input type="checkbox"/> Making false statements and/or claims |
| <input type="checkbox"/> Embezzlement | <input type="checkbox"/> Receiving stolen property |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Obstruction of justice |
| <input type="checkbox"/> Forgery | <input type="checkbox"/> Failure to pay Arkansas state sales tax |
| <input type="checkbox"/> Bribery | |

Vendor eWIC Survey

1. Does your store(s) have Internet service? (yes or no) _____
2. Does your store(s) have an electronic cash register and point of sale (ECR/POS) system? (yes or no) _____

If "yes"...

- a. Identify the name of the manufacturer of each hardware component, in the table below.

Hardware Component	Manufacturer Name
Store Controller (central server)	
ECR (cash register)	
POS (server in the lane)	
In-Lane Pin-Pad/CAD	

- b. Identify the name of the software running on each hardware component and its version number, in the table below.

Hardware Component	Software Name	Version #
Store Controller (central server)		
ECR (cash register)		
POS (server in the lane)		
In-Lane Pin-Pad/CAD		

- c. Do the in-lane pin-pad/CAD accept smart cards (slot often located at bottom of device)? (yes or no) _____

- d. Who maintains your ECR/POS system? (check all that apply)

___ Corporate/store IT department

___ Contractor/3rd party. Name of provider: _____

___ Store owner

___ Family member

___ Other, describe: _____

3. Does your system utilize a scanner to identify a food item in-lane by universal product codes (UPCs)? (yes or no) _____

4. At the POS, do cashiers key-enter price look-up (PLU) codes for fresh fruits and vegetable purchases? (yes or no) _____

5. Does the store(s) purchase locally grown fruits and vegetables from private suppliers?(yes or no) _____

If "yes"...

a. Are store(s) PLUs those assigned by the International Fresh Produce Standard (IFPS)? (yes or no) _____

b. Does the store(s) utilize "retailer assigned" and generic (i.e., other fruits, other vegetables) PLUs? (yes or no) _____

6. Is your store(s) Supplemental Nutrition Assistance Program (SNAP) certified? (yes or no) _____

If "yes", are the pin-pad devices (terminals) leased from the state or integrated into your POS? _____

APPENDIX A

FOODS TO INCLUDE IN “TOTAL FOOD SALES” CALCULATIONS

A vendor may include in the food sales amount reported to the State agency any item that may be purchased with SNAP benefits.

“Food sales” includes sales of—

- Foods for the household to eat, such as:
 - breads and cereals;
 - fruits and vegetables;
 - meats, fish, and poultry; and
 - dairy products
- Coffee, tea, cocoa, carbonated and non-carbonated drinks, ice, candy, condiments and spices, when sold along with the items above
- Snack foods (e.g., potato chips and cupcakes)
- Cold ready-to-eat foods intended for off-premises consumption only
- Specialty foods (such as diabetic and dietetic foods), enriched or fortified foods, infant formulas, and certain health food items. Examples include weight loss products (e.g., Slim Fast), Pedialite, Ensure, wheat germ, and brewer’s yeast. If the ordinary use of the item is as a food, rather than a medicine or therapeutic agent, it may be included in food sales.
- Vegetable oils, shortening, and food coloring
- Cooking wine, wine vinegar, flavorings, extracts

“Food sales” does not include sales of—

- Any non-food items, such as:
 - pet foods;
 - soaps, paper products; and
 - household supplies
- Beer, wine, liquor, and all other alcoholic beverages
- Cigarettes, cigars, and all other tobacco products
- Vitamins and medicines
- Foods that will be eaten in the store
- Hot foods and hot food products (e.g., soups, roasted chicken, brewed coffee, steamed seafood)

APPENDIX B

VENDOR APPLICATION PROCESS

The following is the application process for becoming an Arkansas WIC Vendor:

1. Applicant requests an application from the State WIC Office at wicprogram@arkansas.gov or call (501) 661-2508.
2. Applicants will be sent a web link or fillable form to complete the application. The applicant will also be sent a shelf price survey (on-line, e-mail or paper) and an address to send the applicant questionnaire via e-mail or mail. The applicant reviews the terms and conditions for becoming an Arkansas WIC vendor. A sample copy of the Vendor Participation Agreement and Handbook is available at the Arkansas Department of Health website: https://www.healthy.arkansas.gov/images/uploads/pdf/Arkansas_WIC_Program_Vendor_Handbook_and_Participation_Agreement_7-16-2018_to_7-15-2021c.pdf or by request.
3. The applicant submits the application, questionnaire and shelf price survey for review.
4. The WIC Program reviews the information provided for completeness, accuracy and compliance with the established selection criteria listed in the Vendor Participation Agreement.
5. If the applicant meets the selection criteria, new vendor training and an on-site authorization visit are scheduled. During the visit, WIC Program staff will inspect the store, review minimum stock, check for compliance with other selection criteria and confirm other information provided in the application.
6. If approved, the WIC Program signs the Vendor Participation Agreement, assigns a four-(4) digit Vendor Identification Number. The vendor will also receive shelf tags for use on store shelves identifying WIC Approved Foods as well as an “Authorized WIC Vendor” sign(s) and food lists. This sign must be posted in a prominent place on the front window or door of the store.
7. Two WIC vendor identification stamps will be provided upon authorization.

IMPORTANT

If a change of location occurs or a store ceases operation for more than 90 days, the vendor must complete an application as a new vendor and follow the same process for authorization. WIC Vendor authorizations are not transferrable between stores or owners.

The applicant may not redeem WIC Checks or CVBs until the agreement is approved and signed by the WIC Program and a WIC Identification Number is assigned. This is true even if the applicant has purchased a store that was previously operating as an authorized WIC vendor. Accepting checks before authorization will be grounds for denial of the application and potential claims action against the vendor/vendor applicant.