



WIC Program
PO Box 70
Burlington, VT 05402-0070

WIC VENDOR STORE APPLICATION

COMPLETE THIS FORM for each store location for which you seek authorization

Important: All items must be completed. This application will be returned to you if incomplete, which will result in the delay of your application. Your signature on the Corporation Application Form attests that the information you provide on this form is accurate.

Instructions: (1) Complete form (Tab from field to field) (2) Click "SUBMIT" to return completed form.

1. Corporation Name used on Corporation Application Form:										
2. Corporation Store ID# for this store:										
3. Physical location of store										
	Street	Town	Zip							
4. Mailing address of store (if different)										
	Street	Town	Zip							
5. Name of store manager		6. Telephone								
7. Email address		8. Fax								
9. Hours of Business										
a. Is store open 24 hours, 7 days a week?		<input type="checkbox"/> Yes	<input type="checkbox"/> No							
b. If no, list hours your store is open for business:										
<table style="width:100%; border:none;"> <tr> <td style="text-align:center; width:12.5%;">SUN</td> <td style="text-align:center; width:12.5%;">MON</td> <td style="text-align:center; width:12.5%;">TUES</td> <td style="text-align:center; width:12.5%;">WED</td> <td style="text-align:center; width:12.5%;">THUR</td> <td style="text-align:center; width:12.5%;">FRI</td> <td style="text-align:center; width:12.5%;">SAT</td> </tr> </table>				SUN	MON	TUES	WED	THUR	FRI	SAT
SUN	MON	TUES	WED	THUR	FRI	SAT				
Opens: _____										
Closes: _____										
10. a. Has this store location been cited and/or fined for any Federal, State or local health code violations within the past three years?										
<input type="checkbox"/> Yes <input type="checkbox"/> No										
b. If yes, provide details:										
11. a. What is the date of the last health inspection? / /										
b. Rating <input type="checkbox"/> Satisfactory <input type="checkbox"/> Conditional <input type="checkbox"/> Unsatisfactory										
12. Provide the SNAP/food stamp authorization number for this store:										
13. Does this store stock the following:										
a. At least two fresh fruits AND at least two fresh vegetables? <input type="checkbox"/> Yes <input type="checkbox"/> No										
b. At least two canned or frozen vegetables, AND at least two canned or frozen fruits? <input type="checkbox"/> Yes <input type="checkbox"/> No										