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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

WIC RETAILER AUTHORIZATION APPLICATION - PAGE 1

CURRENT WIC VENDOR NUMBER (IF APPLICABLE)
CURRENT WIC VENDOR NUMBER

STORE INFORMATION

STORE NAME	STORE EMAIL ADDRESS
STORE PHYSICAL STREET ADDRESS	P.O. BOX NUMBER OR MAILING ADDRESS IF DIFFERENT THAN PHYSCIAL ADDRESS

CITY	COUNTY	STATE	ZIP CODE

STORE TELEPHONE NUMBER	STORE FAX NUMBER	PHARMACY TELEPHONE NUMBER

STORE MANAGER'S NAME	STORE WIC CONTACT PERSON
FEDERAL TAX ID NUMBER	FOOD STAMP AUTHORIZATION NUMBER AND EFFECTIVE DATE
MISSOURI SEC. OF STATE CHARTER NUMBER	HOW LONG HAS THIS LOCATION BEEN OPEN UNDER THE **CURRENT** OWNERSHIP? Years: Months:
DATE OF OPENING OR CHANGE OF OWNERSHIP	NAMES AND EMAIL ADDRESSES FOR INDIVIDUALS HANDLING TRAINING, UPDATES OR VIOLATIONS FOR WIC

STORE TYPE

☐ Grocery Store ☐ Grocery Store with Pharmacy* ☐ Pharmacy Only

*Pharmacy must be owned by the ownership in order to be considered a Grocery Store with Pharmacy store type.

SQUARE FOOTAGE OF THE STORE	SQUARE FOOTAGE ALLOTTED FOR FOOD SALES

ONLINE ORDERING

DOES THE STORE PROVIDE ONLINE ORDERING? ☐ YES ☐ NO	IF YES, ONLINE ORDERING WEBSITE:
PAR LEVELS SET FOR ONLINE? ☐ YES ☐ NO	WHAT ARE THE PAR LEVELS?

HOURS OF OPERATION

SUNDAY		TUESDAY		THURSDAY		SATURDAY	
MONDAY		WEDNESDAY		FRIDAY			

CASH REGISTER INFORMATION) (If your store uses an integrated electronic cash register (ECR) system that scans items, indicate brand below.)

NUMBER OF MANNED REGISTERS THAT ARE WIC CAPABLE	NUMBER OF SELF-CHECKOUT LANES

RETAILERS THIRD PARTY PROCESSOR
ECR BRAND NAME (E.G., IBM, NCR, RDS)
ECR SOFTWARE APPLICATION
ECR OPERATING SYSTEM
CARD READER BRAND (E.G., VERIFONE, EQUINOX, ETC)
CARD READER OPERATING VERSION

POINT OF SALE PROVIDER	POINT OF SALE PROVIDER CONTACT NUMBER AND EMAIL ADDRESS

Stores that have an integrated ECR system must be certified by the Missouri WIC program as ready to process WIC EBT transactions before the store can begin accepting Missouri WIC cards. If the ECR system is not certified, the Missouri WIC program will contact the store regarding the WIC certification of the system. Stores that do not have an integrated ECR system will have to use a stand-beside device for WIC transactions. This will require cashiers to scan all items twice in order to process the WIC transaction.

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WIC RETAILER AUTHORIZATION APPLICATION - PAGE 2

WIC RETAILER SALES INFORMATION (MUST BE WITHIN THE PAST FISCAL YEAR.)

1. Indicate the time period for supplied information: (month/year)	to (month/year)
2. Other (taxable) food sales for the past fiscal year.	$
3. WIC food sales for the past fiscal year.	$
4. Food stamp (SNAP) sales for the past fiscal year.	$
5. Alcohol sales for the past fiscal year.	$
6. Tobacco sales for the past fiscal year.	$
7. Other non-food sales for the past fiscal year.	$
8. Gross sales for the past fiscal year.	$
9. Will more than 50% of the store's food sales be from the redemption of WIC transactions?	☐ Yes ☐ No

SUPPLIER INFORMATION

Distributor Store Uses To Order Grocery Items

NAME	SUPPLIER REGION (E.G., KANSAS CITY, SPRINGFIELD)
ADDRESS	TELEPHONE NUMBER

Distributor Store Uses To Order Milk Items

NAME	SUPPLIER REGION (E.G., KANSAS CITY, SPRINGFIELD)
ADDRESS	TELEPHONE NUMBER

Distributor Store Uses To Order Contract Infant Formula

NAME	SUPPLIER REGION (E.G., KANSAS CITY, SPRINGFIELD)
ADDRESS	TELEPHONE NUMBER

Distributor Store or Pharmacy Uses To Order Special Infant Formula

NAME	SUPPLIER REGION (E.G., KANSAS CITY, SPRINGFIELD)
ADDRESS	TELEPHONE NUMBER

Distributor Store Uses To Order Bread Items

NAME	SUPPLIER REGION (E.G., KANSAS CITY, SPRINGFIELD)
ADDRESS	TELEPHONE NUMBER

OWNERSHIP/CORPORATION TYPE

INSTRUCTIONS: An owner, officer or manager must complete the following information in its entirety and sign on the last page to authenticate this document.

OWNERSHIP/CORPORATION TYPE

☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company (L.L.C.)

PRIVATELY HELD CORPORATION	PUBLICLY TRADED CORPORATION	MISSOURI BASED
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

IF NOT MISSOURI BASED, LIST STATE

Provide the number of retail grocery stores owned by any of the owners and if they are currently a WIC authorized store located in Missouri. Attach a list of each stores name, address, city and state on a separate sheet.

TOTAL NUMBER OF RETAIL GROCERY STORES	NUMBER OF MISSOURI WIC AUTHORIZED STORES

WIC RETAILER AUTHORIZATION APPLICATION - PAGE 3

1. SOLE OWNERSHIP

PRINT - NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER
HOME STREET ADDRESS			DATE OF BIRTH
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

2. PARTNERSHIP OR PRIVATELY HELD CORPORATION (If more than five (5) partners, attach a separate sheet to provide the required information.)

NAME OF PARTNERSHIP OR CORPORATION		PHYSICAL ADDRESS	
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
CONTACT PERSON FOR WIC	CONTACT PERSON'S TELEPHONE NUMBER	CONTACT PERSON'S EMAIL ADDRESS	

OWNER OR PARTNER: PRINT - NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER
HOME STREET ADDRESS			DATE OF BIRTH
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

OWNER OR PARTNER: PRINT - NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER
HOME STREET ADDRESS			DATE OF BIRTH
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

OWNER OR PARTNER: PRINT - NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER
HOME STREET ADDRESS			DATE OF BIRTH
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

OWNER OR PARTNER: PRINT - NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER
HOME STREET ADDRESS			DATE OF BIRTH
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

OWNER OR PARTNER: PRINT - NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER
HOME STREET ADDRESS			DATE OF BIRTH
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

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3. PUBLICLY HELD CORPORATION, LIMITED PARTNERSHIP OR LIMITED LIABILITY COMPANY (If more than four (4) officers or partners, attach a separate sheet to provide the required information.)

NAME OF CORPORATION OR LIMITED PARTNERSHIP OR LLC			
MAILING OR PHYSICAL ADDRESS			
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
CONTACT PERSON FOR WIC	CONTACT PERSON'S TELEPHONE NUMBER	CONTACT PERSON'S EMAIL ADDRESS	
OWNER OR PARTNER: PRINT - NAME (LAST, FIRST, MIDDLE)		TITLE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH		
HOME STREET ADDRESS			
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
OWNER OR PARTNER: PRINT - NAME (LAST, FIRST, MIDDLE)		TITLE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH		
HOME STREET ADDRESS			
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
OWNER OR PARTNER: PRINT - NAME (LAST, FIRST, MIDDLE)		TITLE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH		
HOME STREET ADDRESS			
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
OWNER OR PARTNER: PRINT - NAME (LAST, FIRST, MIDDLE)		TITLE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH		
HOME STREET ADDRESS			
P.O. BOX	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	

CONFLICT OF INTEREST

Are there any members of the ownership, management or corporate officers who serve as board members or directors of any agency contracted with the Missouri Department of Health and Senior Services (DHSS)? ☐ **YES** ☐ **NO**

Are there any members of the ownership, management or corporate officers who serve as board members, appointees, or are elected officials with oversight of a public or private health agency? ☐ **YES** ☐ **NO**

Are there any members of the immediate family of the ownership, management or corporate officers who serve as board members or directors of an agency contracted with the DHSS? ☐ **YES** ☐ **NO**

If you answer yes to any of the above three (3) questions, please attach additional sheets to specify relationship and circumstance in detail.

WIC RETAILER AUTHORIZATION APPLICATION - PAGE 5

The Missouri WIC program shall review the accuracy of all applicant qualifications and shall make appropriate authorizations based upon the results of such review.

CERTIFICATION AND SIGNATURE OF OWNER, OFFICER OR PARTNER (Person who has the authority to apply on behalf of the business):

1. I apply for authorization as a retailer for the WIC program and I have authority to sign for the business.

2. I certify that during the last six (6) years, the retailer applicant or any of the retailer applicant's current owners, officers or managers have not been indicted for, 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 fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, arson, conspiracy, removal from federal, state or local programs, and other evidence reflecting on business integrity and reputation of the applicant.

3. I consent to the release of necessary and required information on myself and/or this company/business to the Food and Nutrition Services (FNS) administered by the United States Department of Agriculture; the Missouri Department of Health and Senior Services and its contractor's agents; and the Supplemental Nutrition Assistance Program, for the purpose of determining eligibility, program coordination, conducting authorizations and compliance activities.

4. I certify that neither the retailer applicant nor any of the retailer applicant's current owners, officers or managers have been disqualified, suspended or have been assessed a civil money penalty from any federal or USDA/FNS program.

5. I hereby certify that the information presented in this application is true and factual to the best of my knowledge, information and belief. I understand that misrepresentation of the information contained herein will nullify this application or will lead to agreement termination if discovered later.

AUTHORIZED SIGNATURE	DATE

PRINT AUTHORIZED NAME	TITLE