



the
Chickasaw
Nation

Department of Health /Nutrition Services Division

Bill Anoatubby
Governor

WIC Program Vendor Application

Store name: _____

Phone no.: (____) _____ Fax no.: (____) _____

Email: _____

Mailing address: _____
Street City County State ZIP

Physical address: _____
Street City County State ZIP

Owner name: _____ Manager name: _____

Date opened/acquired by owner: _____

Number of WIC stores owned: _____ Number of Non-WIC stores owned: _____

Days closed: (check all that apply) ☐ SUN ☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI ☐ SAT

Hours of operation: _____ Federal tax ID no.: _____

SNAP authorization: _____ (7 digits – do not submit merchant number or EIN)

☐ Authorization date: _____ ☐ Not authorized ☐ Applied for date: _____

State sales tax no.: _____ Health dept. sanitation permit no.: _____

Does the owner own any other retail food outlets? ☐ Yes ☐ No (if yes, attach a list of store names and locations)

Do you expect to derive more than 50 percent of your annual food sales from WIC sales? ☐ Yes ☐ No

Gross annual sales last year \$ _____

SNAP food sales last year \$ _____

WIC food sales last year \$ _____

Other food sales last year \$ _____

Alcohol sales last year \$ _____

Tobacco sales last year \$ _____

Other non-food sales last year \$ _____

Number of cash registers: _____ Number of scanning devices: _____ Retail sq. ft.: _____

Type of ownership: (check one) ☐ Partnership ☐ Corporation ☐ Sole proprietor

Store type: (check one) ☐ Chain with pharmacy ☐ Chain ☐ Co-Op ☐ Franchise ☐ Independent
☐ Independent convenience ☐ Independent pharmacy ☐ Other ☐ Pharmacy chain

If incorporated, corporate name: _____

Address of regional or corporate headquarters:

Street City State ZIP

Does the store location have internet access through DSL or broadband? ☐ Yes ☐ No

If yes, who is your service provider? _____

Who is your credit card processor, i.e. Visa, MasterCard? _____

Processor contact name: _____ Contact telephone: (____) _____

Who is your Point of Sale (POS) service provider? _____

POS contact name: _____ Contact telephone (____) _____

Do you use your equipment in the lane, or do you have additional equipment to process SNAP and/or credit card transactions? _____

During the past 6 years, has any current owner, officer or manager at your store been convicted of or had a civil judgment for any of the following activities: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, receiving stolen property, making false claims or obstruction of justice?

☐ Yes ☐ No (if yes, please specify the name of the owner, officer or manager and the activities involved.)

Have you ever been sanctioned or terminated by the SNAP or any other WIC program? ☐ Yes ☐ No
(if yes, please attach a listing of which program and the reason for the action.)

Does your store offer store promotions and/or loyalty cards? ☐ Yes ☐ No

Does the owner have/had agreement(s) with any other WIC program(s)? ☐ Yes ☐ No

If yes, list the program(s) and vendor stamp number: _____

Supplier/Wholesaler name for WIC foods: _____

Supplier/Wholesaler name for dairy products: _____

Supplier/Wholesaler name for infant formula: _____

Supplier/Wholesaler name for pharmacy products: _____

Please answer the following questions based on the vendor type of your store.

Partnership name: _____

Officers/partners name(s): _____ SSN: ____/____/____

_____ SSN: ____/____/____

Corporation name: _____

Corporate/general office address: _____
Street City State ZIP

Officers name and title: _____ SSN: ____/____/____

_____ SSN: ____/____/____

_____ SSN: ____/____/____

Sole proprietor name: _____ SSN: ____/____/____

The undersigned asserts that all of the statements and information provided herein and on the accompanying price list are true and accurate, and understands that false information may result in the denial or withdrawal of approval to participate in the Oklahoma WIC Program.

Owner/manager signature _____ Date _____

Participant distribution and number of vendors:

- Upon receipt of the completed applications, the department will utilize participant/vendor ratios and will consider participant needs within geographical locations to determine if the applicant meets the county participant/vendor ratio.

Competitive pricing:

- The vendor/application prices for WIC authorized foods will be analyzed and determine competitiveness of prices. (Competitive prices are established using WIC redemption prices of vendors currently under agreement with the Oklahoma WIC program within the applicant's geographical area.)

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Mail: U.S. Department of Agriculture
Office of the Assistant Secretary of Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax: (202) 690-7442

Email: program.intake@usda.gov

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