

Vendor Application

to Participate in the
Utah Women, Infants, and Children (WIC) Program

Effective October 1, 2024 – September 30, 2029

Revision September 2024

Please read the following instructions before completing the Utah WIC Vendor Application:

- ⇒ Read the agreement and all application questions before completing the application
- ⇒ A separate application must be completed for each individual store location
- ⇒ All fields in the application are required unless otherwise noted
- ⇒ Sign and date the application as indicated at the end of the document (digital signatures are acceptable)
- ⇒ Sign and date the last page of the Vendor Agreement (digital signatures are acceptable)
- ⇒ **Include a copy of an invoice or receipt that shows where the store is purchasing all brands of infant formula**

**Please return only the application and signature pages,
and a formula invoice to the state WIC office.**

801-273-2927 • 1-877-942-5437 • e-mail: wicvendors@utah.gov • www.wic.utah.gov/vendors

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter by email to wicvendors@utah.gov; or by mail to:

WIC Vendor Manager
Utah Department of Health and Human Services
195 North 1950 West PO Box 141013
Salt Lake City, Utah 84114-1013



**VENDOR AGREEMENT TO PARTICIPATE IN THE UTAH WOMEN, INFANTS,
AND CHILDREN (WIC) PROGRAM (Federal Fiscal Years 2025-2029)**

VENDOR APPLICANT INFORMATION

STORE NAME (OFFICIAL) _____ STORE # _____

STORE NAME DISPLAYED ON BUILDING/SIGN _____

STORE PHYSICAL ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

STORE MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

STORE INFORMATION

STORE MANAGER _____ DIRECT PHONE # _____

STORE MANAGER E-MAIL _____

ASSISTANT MANAGER _____ DIRECT PHONE # _____

ASSISTANT MANAGER E-MAIL _____

FRONT END MANAGER _____ DIRECT PHONE # _____

FRONT END MANAGER E-MAIL _____

CASHIER TRAINER _____ DIRECT PHONE # _____

TRAINER E-MAIL ADDRESS _____

IN-STORE I.T. SUPPORT _____ DIRECT PHONE # _____

I.T. EMAIL ADDRESS _____

INDIVIDUAL RESPONSIBLE FOR WIC _____ DIRECT PHONE # _____

E-MAIL ADDRESS _____



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CORPORATE INFORMATION

CORPORATE CONTACT _____ TITLE _____

CORPORATE CONTACT E-MAIL _____

PHONE # _____

OWNERSHIP TYPE: Sole Proprietor Partnership Corporation LLC

OWNER/PARENT COMPANY NAME

OWNER/PARENT COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

STORE CHAIN NAME (if any) _____

**The Utah WIC Program primarily uses e-mail to communicate store specific information
such as warnings and violations,
and general information such as policy and training memos.
Please provide the preferred email address.**

PREFERRED EMAIL ADDRESS: _____

(#1) Application type: RENEWAL NEW APPLICATION
If not currently authorized, date the store will open or did open for business _____

(#2) Is the vendor authorized by another State or Indian Tribal Agency? YES NO
- If YES, what Agency(s) _____

(#3) Is it expected that greater than 50% annual total food sales (including infant formula) will be from the
redemption of WIC checks? YES NO

(#4) Does the vendor provide food sales on a year-round basis (excluding holidays or Sundays)? YES NO

(#5) Does the vendor carry a variety of foods in each of the following staple food groups on a continual
basis: meat, poultry or fish; bread and cereal; fresh vegetables and fruits, dairy, and baby foods
(fruits/vegetables and meats)? YES NO



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(#6) Has this business ever operated under another name? YES NO

If YES, name of business: _____

(#7) Date of ownership: _____

(#8) Approximate square footage of retail store _____

(#9) Number of checkout lanes _____ Number of self-checkout lanes _____

(#10) Business Hours: _____ AM to _____ PM or _____ 24 Hours.

Days the store is CLOSED: MON. TUE. WED. THU. FRI. SAT. SUN.

(#11) Utah Tax Identification number _____

(#12) Is the vendor authorized by the Supplemental Nutrition Assistance Program – SNAP (Food Stamp Program)? YES NO

- If YES, what is the vendor's SNAP Number (REQUIRED) - (NOT Utah WIC identification number) _____

(#13) Has the vendor been disqualified from the Supplemental Nutrition Assistance Program/Food Stamp Program or been assessed a Supplemental Nutrition Assistance Program/Food Stamp Program civil money penalty for hardship and the disqualification period that otherwise has been imposed has not expired?

YES NO

(#14) During the last six (6) years, has the vendor or any of the vendor's current owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity? _____

(#15) GROCERY WHOLESALER: _____

The State approved list can be found at www.wic.utah.gov/vendors

INFANT FORMULA WHOLESALERS/RETAILERS: _____

The State approved list can be found at www.wic.utah.gov/vendors

(#15.5) List any other wholesalers/retailers not listed above used to purchase WIC items for resale:

(#16) Does the store have internet access and computers for employee use for mandatory training purposes? YES NO



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Comments: _____

(#17) The store must provide annual FOOD sales (include infant formula), Gasoline Sales, Tobacco/Alcohol/Vaping Sales during the last calendar year or for the number of months the vendor has been in business:

Total Food Sales \$ _____

Total Gasoline Sales (If applicable) \$ _____

Total Tobacco/Vaping/Alcohol Sales (if applicable) \$ _____

The Vendor Agreement will not be approved without total food, gasoline, and tobacco/vaping & alcohol sales information where applicable.

(#18) Does the store have an electronic cash register and point-of-sale (ECR/POS) system? YES NO

- If "Yes", does the system have UPC Scanning Capabilities? YES NO If "Yes", can the system identify non-WIC and WIC-authorized foods upon scanning? YES NO

POS System Brand/Make/Developer (IBM, Toshiba Ace, Dumac (RORC), ISS-45 etc.)

Model # of POS _____

Version: _____

(#18.5) Are card readers installed in-lane? YES NO If "Yes", does the card reader accept both "magnetic stripe" and "microchipped" credit and debit cards? YES NO

POS Terminal/Card Reader (VeriFone, Equinox, Ingenico etc.) _____

Model # or Version (Ingenico 7000, L5300 etc.) _____

(#19) Who is the Third Party Processor (TPP) for this store? _____

The undersigned states that they are an authorized representative of the vendor with legal authority to obligate the vendor. The firm/individual certifies that all responses in this application and accompanying documentation are true and correct.

Vendor Representative

Signature:	Date:
Print Name:	Title: