



WIC NUTRITION PROGRAM

Gross Foods Sales Certification Affidavit

Effective December 8, 2004, Public Law 108-448, Consolidated Appropriations Act, 2005, requires the State to ask for each vendor (applicant) store's total food sales proceeds (Food Stamp eligible foods only, excluding alcohol, cigarettes and non-food items, whether or not they are purchased with cash, credit/debit or Food Stamps) and total WIC sales as a percentage of total food sales.

New Store **OR** WIC Vendor ID Number _____ Store Number _____

Store Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Taxpayer ID Number: _____ Taxable Sales: \$ _____ Non-Taxable Sales: \$ _____

Is this store a pharmacy? **YES** **NO** (check one) Pharmacy State License Number: _____

Is this a grocery store with a pharmacy? **YES** **NO** (check one)

Pharmacy State License Number: _____

Please Check all that apply to your store:

intend to sell contract infant formula intend to sell Exempt infant formula and/or WIC eligible medical foods,

intend to sell authorized WIC Foods

Is the store authorized to accept Food Stamps? **YES** **NO** (check one)

If yes, list the Food Stamp Authorization Number _____ (Need an actual number **NOT** Pending)

I expect my gross annual WIC food sales, including formula, will be \$ _____.

I expect my gross annual food sales proceeds from **food stamp eligible** foods, including formula, will be \$ _____, broken down as follows: (See Food Sales Fact Sheet on page 2)

**FOOD SALES
FOOD STAMP ELIGIBLE FOODS ONLY**

CATEGORY	\$ AMOUNT	\$ WIC Food Sales (Actual/Expected)
Meat, Fish or Poultry		
Bread or Cereal		
Fruit or Vegetable, including Juices		
Dairy		
Other (candy, soft drinks, snacks, etc.)		
Infant Formula		
TOTAL		

I expect _____% (percent) of my annual **food stamp eligible** sales will be derived from WIC food instruments.

Please attach a copy of the most recent tax document supporting the gross sales figures reported in this affidavit.

Printed Name of Vendor Owner or Authorized Agent

Date: _____

Signature of Vendor Owner or Authorized Agent

Date: _____

**PLEASE COMPLETE THIS FORM AND ATTACH TAX DOCUMENTS SUPPORTING YOUR FIGURES
RETURN TO:**

**Georgia McGovern
Vendor Manager, WIC Nutrition Program
2040 South Pacheco Street, Suite #152
Santa Fe, NM 87505**

**Phone: (505) 476-8963
Fax: (505) 476-8900**

Food Sales Fact Sheet

A vendor may include in the food sales amount reported to the State agency any item that may be purchased with food stamp 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 noncarbonated drinks, ice, candy, condiments and spices, when sold along with the items above
- Snacks 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 for as 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 nonfood 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, coffee, steamed seafood)