



New Mexico
WIC Program

VENDOR APPLICATION

For WIC State Office use Only

Status _____

Date Authorized _____

Vendor Number

Peer Group

INCOMPLETE APPLICATIONS WILL BE REJECTED

1. Store Name _____
Physical Street Address _____
City _____ County _____ State _____ Zip _____
Telephone Number _____ Fax Number _____
Store E-Mail Address _____
Store Mailing Address _____
City _____ County _____ State _____ Zip _____
2. How long has this store been in operation? _____
3. Name of Store Manager _____
4. Name of **In-Store** Bookkeeper _____
5. Job Title and name of **In-Store** Officer responsible for WIC training. _____
6. If not a chain, list other stores owned, if any. _____
7. Owner's Name(s) _____
Street Address _____
City _____ County _____ State _____ Zip _____
Mailing Address _____
City _____ County _____ State _____ Zip _____
Telephone Number _____ Fax Number _____
Owner E-Mail Address _____
8. If part of a Corporate chain, name of Corporation _____
Name of District Manager _____
Street Address _____
Mailing Address _____
City _____ County _____ State _____ Zip _____
Corporate E-Mail Address _____
9. If this store is managed by a Management Corporation give name _____
10. Type of vendor (check one only):
 - National/Regional Chain or Supermarket
 - Large Independent Supermarket
 - Small Independent Market
 - Military Commissary
 - Pharmacy
 - Other

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11. Type of location: Urban _____ Rural _____
12. Does this store have an in-store pharmacy? Yes _____ No _____
13. Hours of Operation _____ a.m. Until _____ p.m. Days of Operation _____
14. Total square footage of building _____
15. Number of check-out counters _____
 - (a) Number of check-out counters used for EBT and/or debit cards _____
 - (b) Do you scan for WIC authorized foods? Yes _____ No _____
 - (c) Number of check-out counters equipped with scanners _____
16. Federal Tax Identification Number _____
17. New Mexico Tax Identification Number _____
18. Do you expect WIC sales to be more than 50% of your total annual food sales revenue (in dollars—see Appendix A of the Vendor Application)? Yes _____ No _____
19. What % of your food sales revenue do you expect to be from each of the following?

Food Stamps _____	WIC _____	Cash _____
Credit _____	Debit _____	Other (Specify) _____
20. Annual Sales: Food \$ _____ + Non-food \$ _____ = Gross \$ _____
21. Fiscal year dates for above figures: Month/Year _____ through Month/Year _____
22. Name(s) of licensed wholesaler(s) or distributor(s) _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____
23. Has Vendor had previous agreements with New Mexico WIC? Yes _____ No _____
24. If yes, give participation dates _____ through _____

WIC Vendor Number _____
25. Has Vendor had previous agreements with WIC in other States? Yes _____ No _____

If yes, list State(s) _____
26. Food Stamp Authorization Number (Required, cannot be pending) _____
27. Has the Vendor ever been disqualified or given a civil monetary penalty by the Federal Food Stamp Program? Yes _____ No _____ If yes, when? _____

List type of violation and duration? _____
28. What is your average Food Stamp and/or EBT Dollar Volume per month? \$ _____
29. Is this store accessible to people with handicaps or disabilities? Yes _____ No _____
30. Provide Bank Account Number for EBT _____
31. Provide Bank Routing Number for EBT _____

32. Have any of the vendor applicant's corporate entity, current owner's, officers, or managers been convicted of or had civil judgments entered against them for any activity indicating a lack of business integrity, including, but not limited to, fraud, anti-trust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and/or obstruction of justice during the past six years?
 Yes _____ No _____ If YES, Explain:

33. Is the store a full service grocery with healthy selections of fruits and vegetables and fresh meats or fresh frozen meats? Yes _____ No _____ If no, is this store a pharmacy? Yes _____ No _____
 34. Is the store WIC EBT Smartcard ready? Yes _____ No _____

STATEMENT OF APPLICATION: The Vendor shown in item 1 is applying for authorization to participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) administered by the State of New Mexico Department of Health. The Vendor has received, reviewed and understands the New Mexico WIC Program Vendor Manual and Vendor Agreement. The Vendor has reviewed the New Mexico Administrative Code 7.31.2 and the Federal Regulation 7 CFR 246.12 which outlines and governs the operation of the WIC Program with respect to vendors.

The Vendor asserts that it is a full service retail grocery and/or pharmacy in a fixed and permanent location, is open and conducting business at least 6 days a week, has been authorized to accept and is accepting Food Stamps and/or Electronic Benefit Transactions (Exceptions may be Pharmacies) and accepts cash sales.

The Vendor asserts that it and its employees will comply with WIC Program regulations and understands that any authorization to participate in the WIC Program may be terminated, disqualified, or revoked for violation of any of these regulations by it or any of its employees. The Vendor agrees to update any of the information on this application as requested by the WIC Program.

The Vendor asserts that all of the information on this application is true and understands that false information may result in the denial, termination, disqualification or withdrawal of authorization to participate in the WIC Program.

The undersigned asserts that they are either the sole owner of the business, or that they are an authorized Agent acting on behalf of a corporate entity, and that they have the authority to enter into agreements.

SIGNATURES

Owner or Agent _____ Date _____

Financial Manger/Bookkeeper _____ Date _____

Note: This application is **NOT** a vendor agreement. New or continued participation will not be authorized until all completed application materials have been received and evaluated by the WIC Program. **NO claims will be accepted for payment until a store has been authorized and a vendor number has been issued.** A vendor application must be completed for each store including each entity of a corporate chain.

SEND COMPLETED FORM TO:

Vendor Management WIC Nutrition Program
 2040 South Pacheco St. Rm. 152 Santa Fe, NM 87505

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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)