



Hawaii State Department of Health
WIC Services Branch

Retail Food Vendor Application
For Fiscal Years 2008 - 2010

Please answer all questions, sign, and submit with any documents requested by this application. Incomplete applications will not be processed. Selection criteria available in Vendor Manual, Section 11. The information submitted is confidential and will be disclosed only to management and data operation personnel.

Submission of this application does not constitute authorization to participate in the Hawaii WIC Program. This is not a contract. Participation in the Hawaii WIC Program will not be authorized until all completed application materials have been received, evaluated and approved.

Business Name: _____

Doing Business As: _____

Business Location
(Headquarters if multiple locations): _____

City: _____ Zip + 4: _____ Island: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip + 4: _____ Island: _____

Phone: () _____ Fax: () _____

E-mail: _____ Web Page: _____

Hawaii General Excise Tax Number: _____

Federal Tax I.D. Number: _____

Total number of stores/outlets owned: _____

Total number of stores/outlets applying for WIC authorization: _____

Return Application to: WIC Services Branch
Vendor Management Unit
235 S. Beretania Street, Suite 701
Honolulu, Hawaii 96813

**WIC RETAIL FOOD VENDOR APPLICATION
GENERAL INFORMATION FORM**

Vendor Applicants who are applying for WIC authorization for two or more stores (outlets) may complete one General Information Form to cover all stores.

OWNER INFORMATION

1. The legal structure of this business is:

- Corporation Limited Liability Company Incorporated
 Sole Proprietorship
 Partnership
 Military Commissary
 Co-operative
 Other: _____

2. Type of business:

To be classified as a chain store, the "chain" must have **three** or more outlets. Please indicate the category which best describes the applicant:

- Major chain - National, regional, State > 5 outlets
 Small chain - Regional, State 3 to 5 outlets
 Independent - Local outlet, 1 or 2 outlets under the same owner/operator.
 Large Independent (more than \$1,000,000 total gross annual sales)
 Small Independent (less than \$1,000,000 total gross annual sales)
 Military Commissary / Post Exchange
 Other (Explain) _____

3. Is the vendor a full line/service grocery (e.g., vendor has fresh meat, produce, dairy and canned goods section) with a well-stocked line of grocery items featuring 3 or more brands to choose among (most food lines)? YES NO

Attach a copy of the Proof of Ownership (Registration with the Hawaii State Department of Commerce and Consumer Affairs and Partnership Agreement or Complete Articles of Incorporation).

Name of the owner(s), partners or corporate officer(s) responsible for the operation of the applicant business.

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip + 4: _____ State: _____ Zip + 4: _____

Phone: _____ Phone: _____

4. When was the business purchased by its present owner? (Month/Day/Year): _____

Was the seller a relative? YES NO

If yes, state relationship to seller: _____

5. Has the store owner/manager ever participated in the WIC Program in Hawaii or any other state?
(Not including the business currently applying for authorization). YES NO

If yes, store name: _____

WIC Vendor Number: _____

Address: _____

City: _____ State: _____ ZIP + 4: _____

Dates of authorization: From (Month/Day/Year): _____ To (Month/Day/Year): _____

If more than one store, attach a separate sheet that lists the store name(s), WIC vendor number(s), Store Address(es), and Date(s) of WIC authorization.

6. Has the store(s), its owner(s), officer(s) or manager(s) ever been issued a written warning, sanction, suspension, disqualification, or had an application denied by the WIC Program in Hawaii or in any other state? YES NO

If yes, attach a separate sheet that lists the name of the owner(s), officer(s), manager(s), store(s) location, and the reason(s) and date(s) of the warning, sanction, disqualification, suspension or denial of application.

7. Has a criminal conviction or civil judgment been imposed on the owner(s), officer(s) or manager(s) in the past six years? YES NO

8. Is the applicant willing to ensure that no conflict of interest shall exist with the Hawaii WIC Program? YES NO

9. Does the business owner presently retain full or part ownership, equal to or greater than 30% of a currently authorized WIC authorized store other than the Applicant business? YES NO

If yes, please attach a separate sheet that lists the store/business name(s) and address(s) and WIC Vendor Number(s).

10. Is the applicant willing to meet the minimum inventory requirements? (See Attachment A, pages 6-8) YES NO

11. Is the vendor willing to sell WIC foods in the quantities required by WIC participants (e.g., selling Pediasure by the individual can versus by the six pack)? YES NO

TRAINING INFORMATION

Specify the name of the individual(s) who will be responsible for WIC oversight, training of store personnel on WIC procedures and communicating WIC program changes to the managers, supervisors, cashiers, customer service representatives, bookkeeper and/or accountant and other parties concerned with WIC.

General Training Representative

Name: _____ Title: _____

Address: _____

City: _____ ZIP + 4: _____

Phone: _____ Fax: _____

E-mail: _____

PERSONNEL

Please list the name and phone number of the individual to contact regarding the following:

Cashier Training: _____
Name Phone

Rejected Checks: _____
Name Phone

Operations: _____
Name Phone

Product information: _____
Name Phone

POS (scanner) updates: _____
Name Phone

Customer Complaints: _____
Name Phone

Vendor Stamps: _____
Name Phone

Store Openings/Closings: _____
Name Phone

Vendor Agreement: _____
Name Phone

STATEMENT OF APPLICATION

Please read carefully and sign below:

The undersigned is authorized to act on behalf of the applicant identified on Page one (1) who is applying for authorization to participate in the Hawaii WIC Program. By submitting this application, the undersigned has declared that the business is open, fully stocked, and fully operational and authorized to accept Food Stamps. The undersigned has reviewed, verified and understands the information contained in the WIC Retail Food Vendor application packet.

This application is only a request for a WIC Food Vendor Agreement, and does not constitute an Agreement nor does it guarantee authorization to participate in the Hawaii WIC Program. The Hawaii State Department of Health or its designee may verify the information contained in the application during an on-site visit.

1. I certify that all information submitted on this application is accurate and complete.
2. I certify that the information reflected on the enclosed WIC Price/Stock Report(s) was collected within the last 30 days and reflects the actual shelf price and the actual stock either on the shelf or in storage.
3. I understand that if the application is approved and an Agreement is executed, I will be bound by all rules and requirements of the Hawaii WIC Program, in addition to the terms and conditions of the WIC Vendor Agreement.
4. I understand that if any information contained in this application is found to be false, the application will be denied; or if authorized, can result in being suspended or disqualified from participating in the Hawaii WIC Program.
5. The undersigned declares that he/she is the business' sole owner or has the delegated authority to sign this application on behalf of the owner(s).

Signature: _____ Date: _____

Name: (Print) _____

Title: (Print) _____

Phone Number: _____

**WIC RETAIL FOOD VENDOR APPLICATION
STORE/OUTLET INFORMATION FORM**

NOTE: You must complete this form for each store/outlet that is applying for WIC authorization.

GENERAL INFORMATION

Store Name: _____ Store No: _____

Address: _____

City: _____ Zip + 4: _____ Island: _____

Mailing Address (if different): _____

City: _____ Zip + 4: _____ Island: _____

Phone: _____ Fax: _____

Manager's Name: _____ Phone: _____

Designated WIC Contact at this store: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

FOOD STAMP INFORMATION

1. Is this store currently authorized to accept Food Stamps?

YES NO

If yes, list the Food Stamp Authorization Number: _____

Food Stamp Authorization Date: _____

2. What is the store's average Food Stamp dollar redemption volume per month? _____

3. Has the store, its owners or managers ever been cited, suspended, or disqualified by the Food Stamp Program in Hawaii or any other state?

YES NO

If yes, please attach a separate sheet that lists the name of the owner(s), officer(s), manager(s), store(s), location(s), and the reason(s) and date of citation, suspension, or disqualification.

BANK INFORMATION

Name of store's bank: _____

Branch: _____

Bank Address: _____

City: _____ State: _____ Zip + 4: _____

Bank Phone Number: _____

Account Number: _____ Routing Number: _____

Date Account was opened: _____

SALES INFORMATION

1. What is the individual store's annual gross receipts or sales?
(Please indicate if information is Actual or Estimated)

Food \$ _____ + Non-Food \$ _____ = Gross \$ _____

2. Fiscal year dates for the above figures: _____

3. Does the store derive 50% or more of its gross annual income through the sale of grocery items?
 YES NO

4. Does the store expect to derive more than 50% of annual food sales revenue from the sale of supplemental foods obtained with WIC food instruments? YES NO

5. Does the store sell alcohol and/or tobacco products? YES NO

Alcohol \$ (annual sales) _____ Tobacco \$ (annual sales) _____

6. Does the applicant sell gasoline as a major product line? YES NO

Gasoline \$ (annual sales) _____

7. Is the store a full line/service grocery (e.g., vendor has fresh meat, produce, dairy and canned goods section) with a well-stocked line of grocery items featuring 3 or more brands to choose among (most food lines)? YES NO

8. Does the applicant feature non-grocery items as a major retail line? YES NO

9. Is the applicant primarily a convenience store featuring a limited number of brands and relatively low inventory of each item? YES NO

10. Does the store have an in-store pharmacy? YES NO

STORE OPERATIONS

1. On what date did this store open for business? _____
 (Month/Day/Year)

2. Days and hours of store operation:

DAY	From	To	Check (✓) if open 24 hours
Sunday	A.M.	P.M.	
Monday	A.M.	P.M.	
Tuesday	A.M.	P.M.	
Wednesday	A.M.	P.M.	
Thursday	A.M.	P.M.	
Friday	A.M.	P.M.	
Saturday	A.M.	P.M.	

3. Indicate the number of cashiers employed by the store:

Number of full-time cashiers: _____

Number of part-time cashiers: _____

4. Indicate the number of cash registers in the store:

At regular check-out stands: _____

At customer service counter: _____

At departments (bakery, deli, etc.): _____

Total number of registers: _____

5. Does the store's check out registers use Point of Sale optical scanning devices (POS scanners) which record product and price information on the customer receipts? YES NO

If yes, number of registers (with scanners): _____

6. Does the store's check out registers/POS system use scanners that can identify WIC allowed foods versus non-WIC foods? YES NO

7. Does the store have ATM/EBT devices for customer use? YES NO

8. Store size (in square feet):

Retail: _____ Storage on-site (stockroom/warehouse): _____

9. Does the store have a storage facility off-site? YES NO

If yes, Address: _____

City: _____ Zip + 4: _____ Island: _____

10. How often are the dairy cases restocked? Daily Twice a week Weekly

11. How often are WIC grocery items restocked (see enclosed *WIC Allowed Foods* list)?

Daily Twice a week Weekly

12. How do you decide how much WIC stock to order?

Conduct an informal "walk-through" inventory on a regular basis

Rely on an automated inventory control system

Order a certain amount of each item on a scheduled basis

Other _____

WHOLESALERS

1. Provide name(s) and address(s) of major wholesaler(s) or supplier(s) of WIC approved items and clearly indicate which are infant formula suppliers.

A. Wholesaler 1: _____

B. Wholesaler 2: _____

C. Wholesaler 3: _____

D. Central Corp. Facilities: _____

E. Local Dairy: _____

F. Local Grower/Producer: _____

G. Other Retail Grocer: _____

H. Other: _____

2. From the above list of suppliers (A = Wholesaler 1, etc.) fill in the appropriate letter(s) (A-H) to indicate the source of the following products:

Fluid Milk: _____ Cheese: _____ Fresh Eggs: _____

Carrots: _____ Cereals: _____ Infant Formula: _____

Frozen Juice: _____ Canned Juice: _____ Salmon (canned): _____

Peanut Butter: _____ Beans: _____ Tuna (canned): _____

Plastic Bottled Juice: _____

LEGAL REPRESENTATION

Does your business/company retain legal representation? YES NO

If yes, please provide the following:

Law Firm Name: _____

Attorney's Name: _____

Firm Address: _____

City: _____ State: _____ Zip + 4: _____

Phone Number: _____ Fax Number: _____

INSURANCE

1. Liability Insurance Company Name: _____

2. Liability Insurance Effective Date: _____

3. Liability Insurance Expiration Date: _____

4. Liability Insurance Coverage: _____

SANITATION

1. Has the store been cited by the State health inspector for a violation in the past 12 months?

YES NO

Was your license/permit ever revoked? YES NO

If yes, when: From _____ To _____
Month/Day/Year Month/Day/Year

If yes, attach a separate sheet that lists the violation(s) in detail, and the date the citation(s) was issued.

2. **Attach a copy of the store's current health certificate (Food Establishment Permit).**

AMERICANS WITH DISABILITIES ACT

Does the store comply with the applicable provision of the Americans with Disabilities Act of 1990?

YES NO

For further information about the Americans with Disabilities Act, please contact the Commission on Persons with Disabilities at (808) 586-8121.

NON-DISCRIMINATION STATEMENT

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

If you think you have been discriminated against on the basis of breastfeeding, religion, or sexual orientation, write the Hawaii WIC Services Branch, 235 South Beretania Street, Suite 701, Honolulu, Hawaii, 96813-2437 or call (808) 586-8175 (voice and TDD). Persons living on the neighbor islands may call WIC toll free at 1-888-820-6425 (voice). WIC is an equal opportunity provider.”