



Louisiana WIC Vendor Application Resources and Checklist



Vendor Name: _____ Application Date: _____

Instructions: Use the resources below to assist you in completing the LA WIC Vendor Application for Initial Authorization (new vendor applicants) or Reauthorization (existing Vendors). Use the [Sample Application Packet](#) as a guide for what to submit. Incomplete Vendor Applications and/or Vendor Applications submitted without all required documentation will not be accepted. If you have questions, contact us at (225) 342-0725 or LAWICVendor@la.gov.

SECTION I – LA WIC Vendor Application Information and Resources

For assistance completing the Louisiana WIC Vendor Application, please visit the [LA WIC Authorized Vendor Hub](#).

- LA WIC Vendor Application
- [LA WIC Vendor Agreement](#)
- [LA WIC Vendor Guide](#)
- [LA WIC Approved Infant Formula Supplier List](#)
- [LA WIC Food Sales Facts Sheet](#)
- [LA WIC Minimum Stock Requirements](#) (WIC-23)
- [LA WIC Program Guide](#)
- [Louisiana Secretary of State \(LA SOS\) Website](#)
- [Signature Authority Form](#) (Optional) – **Only required** when the individual who signed the Vendor Application and Vendor Agreement is NOT listed on the [LA SOS website](#) as a Registered Agent or Officer of the legal entity that owns the store

SECTION II – LA WIC Vendor Application Checklist

All documents listed below must be submitted with your Vendor Application.

- Completed and signed Vendor Application (Version Effective 06.2024)
- Signed, initialed, and dated Vendor Agreement (Version Effective 10.2023)
 - The Legal Name of Store listed on the Vendor Agreement must match the Legal Name of Store listed on Part 1 of the Vendor Application and the name on the Business Filing from the [LA SOS website](#)
 - The same person signed both the Vendor Application and the Vendor Agreement
 - The person signing the Vendor Application and the Vendor Agreement is listed on the [LA SOS website](#)
 - OR** The Signature Authority Form (listed above) is included with the application packet
- Copy of valid Louisiana Grocery Retail Permit labeled “Permanent Grocery/Market” - [See example](#)
- Copy of W-9 – Request for Taxpayer Identification Number and Certification - [See example](#)
- Copy of SNAP authorization - [See example](#)
- Copy of most recent Infant Formula purchase invoice - See the [Infant Formula Supplier List](#) and [Invoice Requirements](#)
- Copy of Photo ID of the person who signed both the Vendor Application and Vendor Agreement

Complete Vendor Application packets must be mailed to:

**LDH/OPH/Bureau of Nutrition Services
Vendor Operations Unit
628 North 4th St., Bin #4
Baton Rouge, LA 70802**

**Louisiana Department of Health- Office of Public Health
Bureau of Nutrition Services
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
VENDOR APPLICATION**

Completion of this Vendor Application is required to be considered for Louisiana WIC (LA WIC) Authorization/Reauthorization as an Authorized WIC Vendor (Vendor). The submission of this Vendor Application does not guarantee WIC Authorization/Reauthorization and the information provided will be used to assess eligibility or continuing eligibility for WIC Authorization. The information that is provided may be disclosed to federal, state and/or local law enforcement agencies and/or federal and state tax authorities for the purposes of eligibility determination, law enforcement and collection of forfeitures, recoupments and forfeiture assessments. Failure to provide any information may increase the time it takes to process your store's Vendor Application, and/or make the Vendor Application ineligible for review.

Return Completed Vendor Applications to: LDH/OPH/Bureau of Nutrition Services Vendor Operations Unit 628 North 4th St., Bin #4 Baton Rouge, LA 70802 Note: Only <u>completed</u> Vendor Applications will be processed.	<u>FOR LA WIC USE ONLY</u>	
	Trade Area: _____ Expires in Year: _____	Vendor ID: _____
Received:	Date (mm/dd/yyyy)	Initials

Part 1. STORE INFORMATION

Name Store is Doing Business As (DBA):	Legal Name of Store (Must match the name on file with the Secretary of State):
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Store Street Address (Physical Location):	City:	State:
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ZIP Code:	Store Parish:	Store Telephone Number:
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Mailing Address (If Different From Above):	City:	State:	ZIP Code:
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CONTACT PERSON(S): Please list the Primary Store Contact, Primary Corporate Contact, and any other person responsible for the day-to-day, on-site operations of this store (including the owner if they act in this capacity). Please show names as they appear on legal documents.

1. Primary Store Contact (Last, First Middle):	Title:
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Contact Person's Email Address:	Contact Person's Telephone Number (Including Area Code):
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2. Primary Corporate Contact Name (Last, First Middle):	Title:
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Contact Person's Email Address:	Contact Person's Telephone Number (Including Area Code):
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3. Other Contact (Last, First Middle):	Title:
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Contact Person's Email Address:	Contact Person's Telephone/Cell Number (Including Area Code):
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Part 2. STORE TYPE and OWNERSHIP

A. Store Type: Please choose the Store Type that best describes your store from the options below:

- Independent or Local Grocery - A store that operates only within Louisiana and primarily purchases from 3rd party suppliers.
- Regional Grocery - A store that operates within Louisiana and one or more additional states and primarily purchases from 3rd party suppliers. This includes Military Commissaries.
- National Grocery - A store that operates within Louisiana and one or more additional states, primarily sells groceries, and primarily purchases from its own corporate supplier.
- Mass Merchandiser - A store that operates within Louisiana and most or all states, sells a wide variety of merchandise in addition to groceries, and primarily purchases from its own corporate supplier.

B. Other Store Ownership Disclosure: For other stores owned by the same owner submitting this Vendor Application (sole proprietorship, partnership, limited partnership, limited liability partnership, corporation, or limited liability company), list below:

1. Any other WIC Authorized stores located in the State of Louisiana, and indicate if any have been determined to be Above-50 Vendors (a store that derives, or is expected to derive, more than 50% of annual food sales revenue from WIC Transactions). If more space is needed, please complete a separate page and attach it to this Vendor Application.

Store Name:	Store Address:	Is Store an Above-50 (A50) WIC Vendor?

2. Any other WIC Authorized stores located outside of the State of Louisiana, and indicate if any have been determined to be Above-50 Vendors (a store that derives, or is expected to derive, more than 50% of annual food sales revenue from WIC Transactions). If more space is needed, please complete a separate page and attach it to this Vendor Application.

Store Name:	Store Address:	Is Store an Above-50 (A50) WIC Vendor?

Part 3. STORE HISTORY

A. When did the store begin operating under this applicant’s ownership? ____/____/____ (mm/dd/yyyy)

Sections B, C and D should only be completed by an applicant who is applying for initial WIC Authorization.

B. Was there a grocery/store business at this location prior to the current ownership?

- No Yes, then complete the sections below:

Previous Business Name:	Name (s) of Previous Owner (s):	Was the business WIC Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of change of ownership or last known date that the store was open (whichever is later). (mm/dd/yyyy) ____/____/____
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C. Prior Relationship Disclosure: Do any of the owners, managers or employees have any relationship with the previous business owners? A relationship would include (but is not be limited to): business partner, share/stock holder, member of immediate or extended family, corporate officer, manager, employee or other type of relationship. **Yes** **No** **N/A**

If yes, complete the next line. If more space is needed, please complete on a separate page and attach it to this Vendor Application.

Current Business Person’s Name:	Is/Was Related to (include name and title):	How?

D. Comments (optional): Use this section to explain specific circumstances regarding store history (i.e. change of ownership, temporary store closures, etc.). If more space is needed, please use a separate page and attach it to this Vendor Application.

Part 4. STORE OPERATIONS INFORMATION

A. Square Feet of Retail Space:		B. Total Number of Cash Registers (WIC Capable and Non-WIC Capable, Self-Checkout and Manned) *:	
C. Total Number of WIC Capable Cash Registers (Self-Checkout and Manned)*:		D. Number of WIC Capable Self-Checkout Lanes *:	

E. Cash Register System and Store Procedures:

1. Please complete the following information: (a) Name of POS Provider: _____
 (b) Name of POS System: _____ (c) Type of System: Stand-Beside Integrated

2. If this store is currently WIC Authorized, has the POS Provider changed since this store’s last in-store Level 3 (L3) certification? Yes No N/A , This store is not currently WIC Authorized

3. Does the store provide itemized receipts to customers showing:

a. Date of purchase? Yes No
 b. Description of each item purchased? Yes No
 c. Quantity of each item purchased? Yes No
 d. Total sale amount? Yes No

4. Do store Cash register (s) perform split tender transactions (accept cash or other form of payment)? Yes No

* LA WIC defines a Cash Register as a point-of-sale device that is used and capable of transacting any food sales within the store location, whether it is part time or full time. LA WIC defines a WIC Capable Cash Register as a point-of-sale device that is capable of processing a WIC Transaction. This includes fixed cash registers as well as any mobile devices with similar capabilities to process a WIC Transaction.

Note: Prior to becoming an Authorized WIC Vendor, the store’s cash register (s) must meet additional requirements for L3 certification.

F. Does the Owner or Applicant have Access To and Utilize:

1. A computer? Yes No
 2. The Internet such that it will facilitate communicating electronically with LA WIC, as well as downloading and uploading electronic documents to/from LA WIC? Yes No
 3. An e-mail account capable of sending electronic communications to and receiving from LA WIC? Yes No

G. Days and Hours of Operation (circle A.M. or P.M.):

DAY	FROM (OPEN)	TO (CLOSE)	CHECK IF OPEN 24 HOURS
Sunday	A.M. / P.M.	A.M. / P.M.	<input type="checkbox"/>
Monday	A.M. / P.M.	A.M. / P.M.	<input type="checkbox"/>
Tuesday	A.M. / P.M.	A.M. / P.M.	<input type="checkbox"/>
Wednesday	A.M. / P.M.	A.M. / P.M.	<input type="checkbox"/>
Thursday	A.M. / P.M.	A.M. / P.M.	<input type="checkbox"/>
Friday	A.M. / P.M.	A.M. / P.M.	<input type="checkbox"/>
Saturday	A.M. / P.M.	A.M. / P.M.	<input type="checkbox"/>

H. Is the store open for a minimum of 6 days per week, with a minimum of 48 hours open to the public? Yes No

I. Supplier Information: Please provide the name (s) and location (s) of your primary Supplier (Wholesaler and/or Distributor) of WIC foods. Please also provide your infant formula Supplier, if different than your primary WIC food Supplier. Indicate your infant formula Supplier (s) by marking “X” in the last column. If more space is needed, please complete on a separate page and attach it to this Vendor Application.

Supplier Name	Street Address	City	State	ZIP Code	Telephone	Formula Supplier
						<input type="checkbox"/>
						<input type="checkbox"/>

Part 4. STORE OPERATIONS INFORMATION (Continued)

J. Full-Line Grocery Store (a store that carries the following items):

- 5 varieties of cereal with 5 or more units of each variety;
- 3 varieties of bread or tortillas with 5 or more units of each variety;
- 4 varieties of fresh fruits with at least 5 units of each variety;
- 4 varieties of fresh vegetables with at least 5 units of each variety;
- 4 varieties of fresh or frozen meat, poultry or fish with at least 5 units of each variety;
- 2 varieties of rice with 6 or more units of each variety.

1. Does your store carry the above listed WIC Approved Food Items in the varieties and quantities listed? Yes No
2. Are the above listed WIC Approved Food Items on display and available for retail sale during all hours the store is open?
 Yes No

Part 5. BANKING INFORMATION: If applying for WIC Reauthorization, only complete Part 5 if requesting to change banking information. Identify the account for all EBT payments or other reimbursements. Verify your routing and account number with your bank or corporate office before completing this section.

Bank Name and Branch	Name on Account	Routing Number (9 digits)	Account Number	
Address	City	State	ZIP	Telephone

Part 6. STORE SALES INFORMATION: In accordance with federal WIC regulations, LA WIC is required to evaluate annual food sales and the amount of revenue that is expected to be derived from WIC and other sources. All food sales information requested below is based on the sale of SNAP-eligible items to any customer. Refer to the Food Sales Fact Sheet for additional information on SNAP-eligible items.

A. Total Amount of Revenue:

1. Provide the total amount of revenue for the last federal tax year (Jan. 1 – Dec. 31), or for the period of time the store has been in business, for the following:
- a. Combined food and non-food sales revenue: \$ _____
- b. Food sales revenue (should be less than the amount entered in 1.a above): \$ _____

B. Sales/Transaction Information:

1. Do you expect the store's WIC sales to be more than 50% of its annual food sales revenue? Yes No
2. Provide percentage of annual food sales revenue by type of payment (Round each percentage to the nearest whole number. The sum of the percentages must equal 100%.):
- SNAP: _____% WIC: _____% All other tenders: _____%

C. Supplemental Nutrition Assistance Program (SNAP) Authorization Information

1. Is the store authorized to participate in SNAP? Yes No

Note: To become an Authorized WIC Vendor, the applicant must be currently participating in the USDA Supplemental Nutrition Assistance Program (SNAP).

Part 7. FINES, DISQUALIFICATIONS AND CONVICTIONS:

A. Have any of the owners, officers or managers:

1. Been or employ any management personnel (including owners and co-owners) that have been:
 - a. Disqualified or fined/assessed a Civil Money Penalty (CMP) by SNAP, WIC or any other USDA food program in Louisiana or in any other state in the past year?

Yes, SNAP Yes, WIC Yes, Other No
 - b. Formerly employed by a Vendor that was disqualified from any USDA food program in the past year?

Yes, USDA Food Program: _____ No
2. Been denied or terminated from WIC Authorization within the past year?

Yes No
3. Accrued any unsatisfied/unpaid fines (i.e., repayments, Civil Money Penalties [CMPs], forfeitures, enforcement penalties) owed to SNAP or the WIC Program?

Yes, SNAP is unsatisfied/unpaid. Yes, WIC is unsatisfied/unpaid. No

If you answered YES to 1, 2, or 3, above, for each action, provide details on a separate page identifying the state and Program (WIC, SNAP or other) in which the action occurred, the type of action (disqualification, fine, CMP, termination, application denial), the description, and the date of the action.

4. Currently charged with or have ever been convicted of a felony; federal, state or local tax violations; or had a civil judgment (including tax warrants) entered against them within the past six years? Yes No
5. Been or employ any management personnel (including owners and co-owners) that have been formerly employed by a Vendor that was:
 - a. Convicted of any felony within the past six years? Yes No
 - b. Convicted of any federal, state, or local tax violations within past six years? Yes No

If you answered YES to any part of 4 or 5 above, for each action or conviction, provide the appropriate information below. If more space is needed, please complete on a separate page and attach it to this Vendor Application.

Person's Name and DOB (If Applicable)	Store/Business Name (If Applicable)	Description of Action (Charged/ Convicted including a description of the offense, penalty)	Date	City	State

Part 8. SIGNATURES, CONFIRMATIONS AND AFFIRMATIONS: Complete Vendor Applications must have all required names and signatures. If any of these are missing, the Vendor Application will not be considered complete and will be returned to applicant.

Affidavit of Applicant: Must be completed by the store owner, partner, member/manager, corporate officer or other individual who has authorization to sign on behalf of the Vendor. Entities other than sole proprietorships must provide proof that the individual signing this Vendor Application has the authority to contract on behalf of the owner/applicant unless such authority is clearly indicated on the Louisiana Secretary of State website.

1. I have legal authority to apply for and sign this Vendor Application seeking WIC Authorization/Reauthorization for the vendor applicant/Vendor to participate in the Louisiana WIC Program (LA WIC).
2. I have read the Vendor Application, Vendor Agreement, and Vendor Guide. If WIC Authorized/Reauthorized, I agree to comply with the requirements set forth in these documents and all federal and state rules, regulations and policy governing LA WIC and any changes thereto made during the agreement period.
3. I certify that all the statements in this Vendor Application are true. I understand that false statements made in connection with my Vendor Application will result in the denial of Authorization/Reauthorization to participate in LA WIC, or termination of the Vendor Agreement if the information is found to be false after WIC Authorization.
4. I certify that if this is a Vendor Application for *Authorization*, my store is currently operating and does not need WIC Authorization to open. I also understand this store may not accept WIC Benefits or conduct WIC Transactions unless LA WIC notifies me in writing that WIC Authorization has been granted and this store's current POS system has been Level 3 (L3) certified.
5. I understand that if this is a Vendor Application for *Reauthorization*, this store may not accept WIC Benefits or conduct WIC Transactions beyond my store's current agreement period unless LA WIC notifies me in writing that WIC Authorization has been granted for a new agreement period.
6. This Vendor Application consists of this page and five previous pages all bearing an effective date of 06.2024.

Full Legal Name of Individual Authorized
to Sign on Behalf of Vendor (PRINT OR TYPE)

Title (PRINT or TYPE)

Signature of Individual Authorized to Sign on Behalf of Vendor

Date Signed (mm/dd/yyyy)

This institution is an equal opportunity provider.