



**Louisiana WIC Vendor Signature Authority Form**  
**Louisiana Department of Health**  
**Office of Public Health**  
**Bureau of Nutrition Services**



**Instructions:** Complete this form to authorize individual(s) to legally bind and contract on behalf of the business (Vendor/store) referenced in this form. Once completed, please return this form to LA WIC via email at [LAWICVendor@la.gov](mailto:LAWICVendor@la.gov). Contact LA WIC at 225-342-0725 if you have any questions.

<b>SECTION I – Vendor/Store Business Information</b>	
<b>Legal Name of Business:</b>	
<b>Vendor/Store Name (d.b.a):</b>	
<b>Vendor/Store Physical Address: (include City, State, Zip)</b>	

<b>SECTION II – LLC, LLP, Partnership, or Sole Proprietorship Business Types ONLY</b>
Complete this section if your Vendor/store is a Limited Liability Company, Limited Liability Partnership, Partnership, or Sole Proprietorship. Partnerships must complete the “% of Interest” column, and the percentage must total 100%. If your Vendor/Store is a Corporation, skip this section and proceed to Section III.

**Current owner(s) and the percentage of ownership, if applicable.**  
 I hereby swear and affirm that I am an authorizing owner of the business (Vendor/store) referenced in Section I above, and hold the indicated percentage of ownership as specified below. By signing, I understand that I am clearly and unequivocally authorizing and directing the individual(s) listed below to sign contracts, contract amendments, and other related contract documents on behalf of the business (Vendor/store) referenced above.

<b>Printed Name and Title of Owner</b>	<b>% of Interest</b>	<b>Signature of Owner</b>	<b>Date</b>
Name:			
Title:			
Name:			
Title:			
Name:			
Title:			

**Individual(s) being designated with signature authority.**  
 The individual(s) listed below have the legal authority to bind the business (Vendor/store) and contract on behalf of the business (Vendor/store) referenced in Section I above.

<b>Printed Name and Title of Authorized Signatory</b>	<b>Signature of Authorized Signatory</b>	<b>Date</b>
Name:		
Title:		
Name:		
Title:		

**Section III: Corporation Business Types ONLY**

Complete this section if your Vendor/store is a Corporation.

If your Vendor/store is a Limited Liability Company, Limited Liability Partnership, Partnership, or Sole Proprietorship, complete Section II, above.

**Written Resolution of the Board of Directors**

I hereby swear and affirm that I am an authorizing board member of the business (Vendor/store) referenced in Section I above. By signing, I understand that I am clearly and unequivocally authorizing and directing the individual(s) listed below to sign contracts, contract amendments, and other related contract documents on behalf of the business (Vendor/store) referenced above.

<b>Printed Name and Title of Company Representative</b>	<b>Signature of Company Representative</b>	<b>Date</b>
Name:		
Title:		
Name:		
Title:		
Name:		
Title:		

**Individual(s) designated with signature authority.**

The individual(s) listed below have the legal authority to bind the business (Vendor/store) and contract on behalf of the business (Vendor/store) referenced in this form.

<b>Printed Name and Title of Authorized Signatory</b>	<b>Signature of Authorized Signatory</b>	<b>Date</b>
Name:		
Title:		
Name:		
Title:		

**Return this completed form to [LAWICVendor@la.gov](mailto:LAWICVendor@la.gov).**

**This authorization will expire three years from the date it is signed, upon expiration of the Vendor Agreement, or upon termination of the Vendor Agreement, whichever is sooner.**

Bureau of Nutrition Services

Bienville Building ▪ 628 N. Fourth St. ▪ Bin #4 ▪ Baton Rouge, Louisiana 70802

Phone: (504) 568-8229 ▪ Fax: (225) 376-4674 ▪ [www.ldh.la.gov](http://www.ldh.la.gov)

An Equal Opportunity Employer 7.02\_VF2\_LA WIC Signature Authority Letter\_FY24

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