



**MONTANA WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM  
APPLICATION FOR AUTHORIZATION AS A WIC VENDOR**

PLEASE TYPE OR PRINT CLEARLY

State Office Use
State WIC ID Number:

**PRIVACY ACT STATEMENT:** Thank you for your interest in applying to the MT WIC program as a WIC authorized vendor. The information below is being requested by the Montana Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program). The information you provide in this application may be used: to determine whether your store will be authorized as a WIC vendor and able to accept WIC food instruments.

**1. VENDOR BUSINESS INFORMATION**

Store Name
Store Telephone Number
Store Fax Number
Store Email Address
Store Manager
Store Manager Email Address
Store Manager Telephone Number
Store WIC Contact
Store WIC Contact Email Address
Store WIC Contact Telephone Number
Street Address Suite (if applicable)
City

County
State
Zip Code
Mailing Address Suite (if applicable)
City
State
Zip Code
When did applicant acquire ownership of this store? (mm/dd/yyyy)
When did the store open or when is the store scheduled to open for business under applicant's ownership? (mm/dd/yyyy)
Federal Tax/Employer Identification Number (EIN):
Number of Registers. Enter the TOTAL number of registers in the store.
Square Footage

**2. SPECIAL SUPPLEMENTAL NUTRITION PROGRAM (SNAP) AUTHORIZATION INFORMATION**

Is this store currently SNAP authorized?
If YES, what is the SNAP number and authorization date?
If NO, is this store currently applying for SNAP authorization?

**3. STORE OWNERSHIP TYPE**

Commissary                  Corporation                  Partnership                  Sole Proprietorship  
 Limited Liability Company (LLC)

**4. STORE TYPE**

Please check one of the following store types:

Commissary	Independent	Small Chain	Large Chain	Other
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Definitions:

Commissary – A food and supply store for employees on a military base.

Independent – A retail grocery store that is independently owned and not part of a larger retailer chain.

Small Chain – A small chain is a two-to-ten outlet retailer in which several locations (both in state and out of state) share the same brand, central management, and standardized business practices.

Large Chain – A large chain is a more than ten outlet retailer in which several locations (both in state and out of state) share the same brand, central management, and standardized business practices.

Other – A retail store not fitting these definitions.

### 5. STORE OWNERSHIP INFORMATION

Company/Ownership Name
Mailing Address
City
State
Zip Code
Name of Contact Person
Contact Person's Title
Contact Person's Email Address
Contact Person's Telephone
Contact Person's Fax Number

### 6. IF OWNERSHIP IS A LIMITED LIABILITY COMPANY OR CORPORATION WITH A PARENT COMPANY(IES), PROVIDE THE FOLLOWING INFORMATION.

Name of Parent Company Telephone Number
Street Address
City
State
Zip Code
Store Name
Store Address Suite #
Store City
Store State

Store Zip
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**7. BUSINESS INTEGRITY**

Please check YES or NO to the following questions.

In the past six (6) years, have any individual(s) in this store's management or ownership structure been convicted of or had a civil judgment entered against them for fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and/or obstruction of justice?

YES	NO
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Have you ever received a Civil Money Penalty (CMP) from SNAP?

YES	NO
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Have you ever been disqualified from the SNAP Program?

YES	NO
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Have you ever been disqualified from the WIC Program?

YES	NO
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Have you ever received a CMP from the WIC Program?

YES	NO
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Have you sold a store to avoid a CMP or disqualification from the WIC program?

YES	NO
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Is there a conflict of interest (relationship) between your store and any local agency or state agency WIC staff?

YES	NO
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**8. SALES INFORMATION**

The Montana WIC Program is required to evaluate annual food sales and the amount of revenue that is expected to come from WIC and other sources. Please check YES or NO.

WIC SALES

Do you expect WIC sales to be more than 50% of your total annual non-taxable food sales revenue?  
Please check YES or NO.

YES	NO
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**TOTAL NON-TAXABLE FOOD SALES**

If the store has been in business for less than one year at the time of the application, estimate the anticipated annual food sales. \$
If the store has been in business for one year or more, enter the actual food sales from your most recent 12-month period. \$

**9. PRIMARY GROCERY SUPPLIER**

Supplier Name
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**10. PRIMARY INFANT FORMULA SUPPLIER (IF DIFFERENT)**

Supplier Name
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**11. COMPETITIVE PRICE CRITERIA**

MT WIC can only authorize vendors that offer the most competitive prices as compared to other vendors in the same peer group.

Instructions:

For the 14-day period prior to the date the application was signed, add your highest shelf price for the WIC authorized food item listed in the columns below.

If you stock only one type of the foods listed, or same priced alternatives, add the price of that item as the high price.

Food Type	Highest Price
Breakfast Cereal – All approved sizes	
Infant Cereal – 8 oz	
Cheese – 16 oz	
Legumes – All approved sizes	
Similac Advance Powder - 12.4 oz	
Similac Soy Isomil - 12 - 13 oz	
Whole Grain - All approved	
Milk – Whole – 1 Gallon	
Milk – Low Fat – 1 Gallon	

Eggs – 1 Dozen	
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**12. ELECTRONIC BENEFITS TRANSFER (EBT) CAPABILITY ASSESSMENT**

EBT CAPABILITY. Does this store use EBT Capable POS System(s)/Terminal(s)/ECR System(s) to process all WIC transactions? Please check a box.

YES	NO	UNSURE
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If YES provide the POS System Name.

Provider/Company:
Contact Name:
Contact Phone:
Contact Email:

**13. INDIVIDUAL AUTHORIZED TO SIGN VENDOR AGREEMENT**

Name
Title
Mailing Address
City
State
ZIP
Phone
E-Mail Address

**14. CERTIFICATION**

- A. I am applying for authorization for this business to participate in the Montana WIC Program.
- B. I have the authority to apply for WIC participation. I accept responsibility on behalf of the owners for violations committed by the store’s employees, including new and part-time employees, and paid or unpaid employees.
- C. I understand that this Agreement can be terminated by the Montana WIC Program as a result of violations of the WIC Program regulations by my employees, or by me.
- D. I understand that this Agreement can be terminated by the Montana WIC Program for violations of SNAP’s regulations by any of my employees or me, or by me.

E. I hereby certify that the information presented in this application is complete, true and factual to the best of my knowledge, information and belief. I understand that misrepresentation of the information contained herein will nullify this application, or a subsequent Agreement based on this information.

<b>Signature</b>
<b>Date</b>
<b>Printed or Typed Name</b>

Please complete all areas of the form. Questions or concerns can be addressed by calling Glade Roos at 406-444-2841. This application can be included as an attachment to an email or faxed. The Email address is [groos@mt.gov](mailto:groos@mt.gov) and the fax is 406-444-0239. The mailing address is as follows:

Return To: Montana WIC Program  
1625 11<sup>th</sup> Avenue, Basement  
PO Box 4210  
Helena, MT 59620-2951  
ATTN: Glade Roos

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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