WIC VENDOR REQUEST FOR AN APPLICATION

The following information is required to process this request. Please answer all the questions below. Incomplete information cannot be processed.

****PL	EASE	NOTE****	
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This is NOT a WIC application. The WIC Program limits the number of stores by zip code. If you are a new store interested in WIC authorization, you will be sent a WIC application ONLY if there is an opening for a new store in your zip code.

NAME OF STORE AS REGISTERED WITH SNAP:	# OF CASH REGISTERS:	
IF DIFFERENT, NAME OF STORE AS ADVERTISED:		
NAME OF OWNER: INDIVIDUAL/ENTITY:		
PHYSICAL ADDRESS OF STORE:		
CITY, STATE AND ZIP CODE OF STORE:		
COUNTY IN WHICH STORE IS LOCATED:		
STORE PHONE NUMBER:		
BUSINESS EMAIL ADDRESS (MANDATORY):		
ARE YOU BUYING A STORE THAT CURRENTLY ACCEPTS WIC?	YES NO	
HAVE YOU OWNED AN AUTHORIZED WIC VENDOR AT ANY OTHER LOCATION?	YES NO	
IS SYSTEM ABLE TO COMPLETE EWIC TRANSACTIONS?	YES NO	
NAME OF POS PROVIDER:		
NAME OF POS SYSTEM:		
SNAP (FOOD STAMP) PERMIT NUMBER:		
HOW DO YOU CURRENTLY HANDLE SNAP, DO YOU USE A SEPARATE DEVICE FO	R SNAP?	
RETAIL FOOD ESTABLISHMENT LICENSE NUMBER:		
FEDERAL IDENTIFICATION/TAX IDENTIFICATION NUMBER:		
PRIMARY WIC CONTACT NAME AND PHONE NUMBER IF DIFFERENT FROM OWI		
IF YOU WISH THE INFORMATION TO BE SENT TO ANOTHER ADDRESS, PLEASE LI	ST THAT ADDRESS HERE:	
SIGNATURE: DAT	Έ:	

* All interested vendors can learn about the Maine WIC Program and Vendor Requirements at <u>Maine.gov/WIC</u> For questions call 207 287-3991 or email <u>WICVendor@maine.gov</u> 10/1/2020