

RETAIL VENDOR APPLICATION AMENDMENT WISCONSIN WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM

This form must be completed whenever a change occurs that affects the current agreement between the vendor and the State of Wisconsin WIC Program. Examples of changes include a change in location, management, or corporate officers. The completed form, when approved by the Department, becomes an amendment to the vendor agreement between the vendor and the State of Wisconsin WIC Program. All other conditions of the vendor agreement remain the same.

§253.06(3) Wis Stats gives the Department the authority to request and use personally identifiable information, including your Social Security number. Disclosure of your Social Security number is voluntary. However, failure to complete the form may delay processing the change. Information in this form, including the Social Security number, will be used to investigate continuing eligibility of WIC authorization and may be disclosed to federal, state and local law enforcement agencies as well as federal and state tax authorities.

This form may not be used when there is a change of ownership of an authorized WIC vendor. When a change of ownership occurs, the former owner must be terminated from the program, and the new owner must complete a Retail Vendor Application. Contact the State WIC Office for the required forms or you may download them by going to www.dhs.wisconsin.gov/wic/vendor/index.htm.

INSTRUCTIONS: Complete the "Current Information" section, the "Certification" section, and all sections that apply to the change(s). Submit the completed form to WIC Vendor Management, P.O. Box 2659, Madison, WI 53701-2659.

SECTION 1: CURRENT INFORMATION

Name Under Which Store is Doing Business (e.g., name on store signs)		Number of Staffed Cash Registers	Number of Self-Checkout Cash Registers	Vendor Number
Phone Number of Store	Store Street Address	City		Zip Code

Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Change of Store Location | <input type="checkbox"/> Change in Corporate Officers | <input type="checkbox"/> Change in Name |
| <input type="checkbox"/> Change in Manager(s) | <input type="checkbox"/> Change in Prices | <input type="checkbox"/> Pharmacy to Grocery |
| <input type="checkbox"/> Change in Banking | <input type="checkbox"/> Change in Cash Register System | |
| <input type="checkbox"/> Other Change(s) (Briefly Describe): | | |

New SNAP/Food Share Authorization? Yes No If yes, provide the new number:

New Wisconsin Sellers Permit (Sales Tax)? Yes No If yes, provide the new number:

New Federal Tax Identification Number? Yes No If yes, provide the new number:

SECTION 2: NAME CHANGE

New Doing Business Name and/or New Corporation, LLC, LLP, LP, etc.	Date of Name Change
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SECTION 3: LOCATION CHANGE

New Store Street Address	P.O. Box	New Phone Number of Store (if applicable)
City	Zip Code	
Opening Date at New Location	Closing Date at Old Location	
Number of Cash Registers	Distance from Previous Location (in miles)	

Store size in square feet (not including living spaces or space used for other purposes)

SECTION 4: CHANGE IN ELECTRONIC CASH REGISTER (ECR)/POINT-OF-SALES (POS) SYSTEM/PROVIDER

ECR/POS Name	Software Name and Version Number	Third Party Processor
ECR/POS Contact Name	ECR/POS Contact Phone	ECR/POS Contact Email

SECTION 5: CHANGE IN BANKING

Bank Name and Branch	Account Number	Routing Number	Phone Number
Address	City	State	Zip Code

SECTION 6: CORPORATE AGENT OR OFFICER(S) – Refer to the Vendor Profile for current WIC ownership information and update below. Use a separate page and attach if more member/officer space is needed

New Corporate Agent New Corporate Officer(s)

Corporate Agent Name (First, Middle Initial, Last)		Phone (if different from above)			
Full Name and Position Held (e.g., Name, President)	Check one <input type="checkbox"/> New <input type="checkbox"/> Inactive	Social Security No.	Date of Birth	% of Ownership	Effective Date
Full Name and Position Held (e.g., Name, President)	Check one <input type="checkbox"/> New <input type="checkbox"/> Inactive	Social Security No.	Date of Birth	% of Ownership	Effective Date
Full Name and Position Held (e.g., Name, President)	Check one <input type="checkbox"/> New <input type="checkbox"/> Inactive	Social Security No.	Date of Birth	% of Ownership	Effective Date

SECTION 7: MANAGER(S) – Refer to the Vendor Profile for current WIC manager information and update below. If more than 5 manager updates, submit information on a separate page.

Manager Name (First, Middle Initial, Last)	Check one <input type="checkbox"/> New <input type="checkbox"/> Inactive	Social Security Number	Date of Birth	Effective Date
Manager Name (First, Middle Initial, Last)	Check one <input type="checkbox"/> New <input type="checkbox"/> Inactive	Social Security Number	Date of Birth	Effective Date
Manager Name (First, Middle, Initial, Last)	Check one <input type="checkbox"/> New <input type="checkbox"/> Inactive	Social Security Number	Date of Birth	Effective Date
Manager Name (First, Middle, Initial, Last)	Check one <input type="checkbox"/> New <input type="checkbox"/> Inactive	Social Security Number	Date of Birth	Effective Date

SECTION 8: BUSINESS CONTACT INFORMATION

Person WIC Should Contact	Contact Person's Title	Contact Person's E-mail Address
Work Phone Number	Cell Phone Number	Fax Number

SECTION 9: CERTIFICATION

1. I certify that the information submitted on the form is accurate and complete. I affirm that I have authority to contract for the business. I understand that the terms and conditions agreed to in the original agreement remain unchanged.

Full Name and Title of Individual Completing this Form (Type or Print):

Last Name	First Name	Middle Initial	Title
SIGNATURE – Individual Completing this Form			Date Signed

2. If the individual completing this form is not an owner, corporate officer, or other individual authorized to sign on behalf of the vendor, then the owner, manager or other individual authorized to sign on behalf of the vendor must sign below.

Full Name and Title of Owner, Corporate Officer, or Other Authorized Individual (Type or Print):

Last Name	First Name	Middle Initial	Title
SIGNATURE – Corporate Officer or Other Authorized Individual			Date Signed