

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 State WIC Vendor Management, 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.

The authority for requesting and using personally identifiable information, including your Social Security number, is §253.06(3) Wis Stats. Disclosure of your Social Security number is voluntary. Failure to complete the form may delay processing of the amendment. Information, 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, and 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 submit a complete Retail Vendor Application. Contact the State WIC Vendor Management for the forms.

INSTRUCTIONS: Type or print using blue or black ink. Complete the "Current Information" section, the "Certification" section, and all sections that apply to the change. Submit the completed form to the 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)			Vendor Stamp Number
Telephone 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"/> Prices remain the same or have been reduced | |
| <input type="checkbox"/> Employees remain the same | <input type="checkbox"/> Other change (briefly describe): _____ | |
| <input type="checkbox"/> Individual trained in the rules and regulations of the WIC Program remains the same | | |

New Food Stamp 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? Yes No If YES, provide the new number: -

SECTION 2: NAME CHANGE

New Name of Store	Date of Name Change
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SECTION 3: LOCATION CHANGE

New Telephone Number of Store (if applicable) ()	New Store Street Address		
P.O. Box	City	Zip Code	
Date Moving to New Address	Date Store Will Close at Old Address		

Store Size (Check one): Under 4,000 square feet 4,001 to 10,000 square feet Over 10,000 square feet

SECTION 4: CORPORATE AGENT OR OFFICER(S)

New Corporate Agent

New Corporate Officer(s)

Corporate Agent Name (First, Middle Initial, Last)	Telephone (if different from above) ()		
Full Name and Position Held (e.g., Name, President)	Social Security Number	Date of Birth	Effective Date
Full Name and Position Held (e.g., Name, President)	Social Security Number	Date of Birth	Effective Date
Full Name and Position Held (e.g., Name, President)	Social Security Number	Date of Birth	Effective Date

What portion of the business is owned by the new corporate officer(s)? More than 50% Less than 50%

Full name(s) of corporate officer(s) replaced by the new officer(s):

1. _____
2. _____

SECTION 5: NEW MANAGER(S)

New Manager Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	Effective Date
New Manager Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	Effective Date
New Manager Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	Effective Date

Full name(s) of manager(s) replaced by the new manager(s):

1. _____
2. _____

SECTION 6: 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