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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01821 (04/2022) | | | **STATE OF WISCONSIN**  Office of The Inspector General  (608) 266-6912  Wis.Stats § 253.06 | | | | | | | |
| **WIC AUTHORIZED INFANT FORMULA SUPPLIER APPLICATION** | | | | | | | | | | |
| Completion of this form is required for authorization as a WIC vendor supplier pursuant to Wis. Stats § 253, Wis. Admin Code ch. DHS 149. Submission of this application does not guarantee WIC vendor supplier authorization. | | | | | | | | | | |
| **1. SUPPLIER INFORMATION** | | | | | | | | | | |
| Name(Doing Business As) | | | | | | | | | | |
|  | | | | | | | | | | |
| Legal Name | | | | Ownership Type (Sole proprietor, LLC, etc.) | | | | | | |
|  | | | |  | | | | | | |
| Street Address | | City | | | | State | | | Zip Code | |
|  | |  | | | |  | | |  | |
| Owner name(s) | | | Contact name and title (if different than owner) | | | | | | | |
|  | | |  | | | | | | | |
| Phone Number (include area code) | Cellphone Number (include area code) | | | | | | Email Address | | | |
|  |  | | | | | |  | | | |
| Federal Employer Identification Number (FEIN) | |  | | | | | | | | |
| Are any products stored overnight? | Yes  No | | | | | | | | | |
| If “yes,” where are they stored? |  | | | | | | | | | |
| List products sold: (check all that apply) | | | | | | | | | | |
| Infant Formula  Fluid Milk  Other Dairy Products  Full Line Grocery  Limited Selection of Food Products: list the products sold or attach a separate page.  Non-Food Items: list additional items sold or attach a separate page. | | | | | | | | | | |
| List the suppliers from which infant formula products are purchased. | | | | | | | | | | |
|  | | | | | | | | | | |
| Is infant formula only distributed to stores contracting with this business as a primary wholesaler?  Yes  No  (If “yes,” go to Section 3) | | | | | | | | | | |
| Do you supply infant formula to independent retailers?  Yes  No | | | | | | | | | | |
| In which Wisconsin cities is infant formula distributed? | | | | | | | | | | |
| What forms of tender are accepted for payment? Check all that apply.  Cash  Check  Debit  Credit  Other: | | | | | | | | | | |
| **2. WIC VENDOR INFORMATION** | | | | | | | | | | |
| Do any owners, managers, or employees of this business own, manage, or work in a WIC authorized store?  Yes  No If “yes”, provide store name and address below. Attach additional pages if needed. | | | | | | | | | | |
| Name | | | | | Phone Number (include area code) | | | | | |
|  | | | | |  | | | | | |
| Address | | City | | | | | | State | | Zip Code |
|  | |  | | | | | |  | |  |

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| Have any of these stores ever been disqualified from the WIC or SNAP programs?  Yes  No  If “yes,” provide more information on a separate sheet of paper. | | |
| **3. REQUIRED DOCUMENTATION** | | |
| Attach copies of the following:  Business Registration from the Wisconsin Department of Financial Institutions (DFI)  Federal Employer Identification Number (FEIN)  Appropriate food license(s) (milk distributor, warehouse, etc.) | | |
| **4. INVOICE SPECIFICATIONS** | | |
| **PLEASE NOTE:** All Wisconsin authorized infant formula suppliers are required to comply with the following invoice specifications for selling any WIC approved food items, infant formula, and liquid nutrition products to Wisconsin WIC authorized stores.  All sales records or invoices must reflect the following:   * Name and address of company * Name and address of the buyer * Date of purchase, include month, day, and four-digit year * List of the items purchased including size, stock number (if available), UPC code, quantity, and unit price * Type of payment received (cash, check including check number, credit card, EFT, etc.) | | |
| **5. CERTIFICATION** | | |
| * I certify all the information provided to be an authorized WIC formula supplier is accurate, complete, and true in every respect. * I agree to provide WIC or the WIC designee unrestricted access to the infant formula storage facility or delivery vehicles during normal business hours for inspection purposes. | | |
| Name of Individual Completing Application (Please Print) | Title/Position | |
|  |  | |
| **SIGNATURE** - Applicant | | Date Signed |
|  | |  |
| Please return the completed form and attachments to our office.  **Mailing Address**  WIC Vendor Management  Attn: Natalie Hickel  PO Box 2659  Madison, WI 53701-2659  **Email Address**  [natalie.hickel@dhs.wisconsin.gov](mailto:natalie.hickel@dhs.wisconsin.gov) | | |