

WIC Authorized Infant Formula Supplier Application

Instructions: Please complete sections one through five below and return via email or mail to the addresses located at the bottom of the form. 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.

Store name

Phone number (include area code)

Street address

City

State

ZIP code

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

Mailing address:

WIC Vendor Management
Attn: David Walters
PO Box 2659
Madison, WI 53701-2659

Email address

WICVendor@dhs.wisconsin.gov