

North Carolina Department of Health and Human Services  
Division of Child and Family Well-Being  
Community Nutrition Services Section  
1914 Mail Service Center  
5601 Six Forks Road  
Raleigh, NC 27699-1914  
Fax: (919) 870-4895

Local Agency Name: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

## Above-50-Percent Vendor Self-Declaration Form

Please complete regarding projected above-50% vendor status. Be prepared to provide documentation of your status, if requested, by the State WIC Agency.

Store Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Name of Owner \_\_\_\_\_

I project that the annual WIC redemption for my store will be more than 50% of my total annual food sales.

I project that the annual WIC redemption for my store will **NOT** be more than 50% of my total annual food sales.

\_\_\_\_\_  
*(Print Name of Owner, Officer, or Manager)*

\_\_\_\_\_  
*(Title if Officer)*

\_\_\_\_\_  
*(Signature of Owner, Officer, or Manager)*

\_\_\_\_\_  
*(Date)*