North Carolina Department of Health and Human Services
Division of Child and Family Well-Being
Community Nutrition Services Section
1914 Mail Service Center
Raleigh, NC 27699-1914
NCWICVendorQuestions@dhhs.nc.gov

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)*

SAMPLE