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

CHANGE IN VENDOR STATUS FORM

TO: WIC Vendor Unit
Community Nutrition Services Section

DATE: _____

FROM: Name: _____

Local WIC Agency *(no abbreviations)*: _____

DATE AGENCY NOTIFIED OF CHANGE: _____

VENDOR NAME & STORE #: _____

VENDOR #: _____ **PREVIOUS VENDOR #** *(If applicable):*_____

VENDOR ADDRESS: _____

_____

BELOW PLEASE CHECK THE REASON FOR THE CHANGE IN STATUS:

_____ WIC VENDOR MONITORING DISQUALIFICATION

_____ WIC COMPLIANCE BUY DISQUALIFICATION

_____ WIC INVENTORY AUDIT DISQUALIFICATION

_____ SNAP DISQUALIFICATION

_____ STORE CLOSED THEIR BUSINESS

_____ STORE SOLD

_____ STORE SALES LESS THAN $2,000.00 ANNUALLY

_____STORE MOVED MORE THAN THREE (3) MILES

_____ STORE OWNER DID NOT WISH TO PARTICIPATE IN THE PROGRAM

_____ OTHER: _____

_____

_____

_____

SAMPLE