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

Local WIC Agency Name: _____

Vendor Number: _____

Complete ALL sections – no blank spaces, no "N/A" (typewritten or print–blue or black ink). Sign & date form.

N. C. WIC VENDOR INFORMATION UPDATE

SECTION I: Current Store Information / Store Management

Store Name *(include store #)*: _____ Phone No.: ( ) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SNAP Permit Number ____ ____ _____ _____ _____ _____ _____ Store Federal Tax ID # _____

Business Hours: *(Circle AM or PM)*

Sunday _____ AM / PM - _____ AM / PM
Monday _____ AM / PM - _____ AM / PM
Tuesday _____ AM / PM - _____ AM / PM
Wednesday _____ AM / PM - _____ AM / PM
Thursday _____ AM / PM - _____ AM / PM
Friday _____ AM / PM - _____ AM / PM
Saturday _____ AM / PM - _____ AM / PM

Total number of registers in this store (including U-Scans) _____ Is your store eWIC capable? ☐ Yes ☐ No

Number of registers with scanning devices _____ Number of scanning devices that identify WIC-approved foods _____

Point of Sale system: ☐ Integrated ☐ Stand-beside device

Name of supplier(s) of infant formula (see list of authorized sources): _____

Store Manager's (Full) Name: (Circle one: Mr. Mrs. Ms.) _____
First Middle Last

Is the Store Manager the primary contact for the store? ☐ Yes ☐ No

If no, provide primary contact name and telephone: _____
First Middle Last Phone #

Does the store have internet access? ☐ Yes ☐ No Email address: _____

Percentage of total food sales comes from: WIC _____ % SNAP _____ % Cash _____ % Credit/Debit _____ % (must total 100%)

SECTION II: Store Ownership Information

Type of Ownership: (check one) ☐ Individual ☐ Partnership ☐ Limited Partnership ☐ Corporation ☐ LLC

Total Number of Stores Owned by this Ownership _____ ***Number of Other WIC Stores owned by this Ownership _____***

If incorporated or LLC, Corporate/Company Name: _____

Physical address of regional/corporate headquarters: _____

City: _____ State: _____ Zip: _____ Phone No.: ( ) _____

Mailing address of regional/corporate headquarters (if not same as physical address): _____

City: _____ State: _____ Zip: _____ Phone No.: ( ) _____

Owner/Officer #1: Name: (Mr. Mrs. Ms.) _____ Title (If Officer): _____

Residential Address: _____

City: _____ State: _____ Zip: _____ Phone No.: ( ) _____

Percentage of business/shares owned: _____%. Please list the complete name and physical location of other store(s) owned:

_____

Owner/Officer #2: Name: (Mr. Mrs. Ms.) _____ Title (If Officer): _____

Residential Address: _____

City: _____ State: _____ Zip: _____ Phone No.: ( ) _____

Percentage of business/shares owned: _____%. Please list the complete name and physical location of other store(s) owned:

_____

SECTION III: Business Integrity

Have any of the vendor applicant's current owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity, including, but not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice?

☐ **Yes** ☐ **No** If yes, explain: _____

Owner/Officer Signature: _____ Title (if Officer): _____ Date: _____

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SAMPLE

Vendor Information Update (DHHS 779) Form Instructions:

REMINDERS:

- Form must be typed or completed in ink (printed in black or blue ink). **Do not use correction fluid/tape or write over errors**.
- The Local WIC Agency name (**no abbreviations**) must be written on the appropriate line.
- The vendor's WIC vendor number must be written on the appropriate line.

Section I – Current Store Information / Store Management

- Provide store name (include store number), phone number, mailing address, and physical street address.
- SNAP Permit Number: Provide 7-digit Supplemental Nutrition Assistance Program (SNAP) permit number.
- Federal Tax ID #: Provide the business Federal tax identification number.
- Business Hours: Provide hours of operation, circling 'AM' or 'PM' for opening and closing times.
- Registers: Total number of all registers in the store, including U-Scans.
- Check 'Yes' or 'No' to indicate if store is eWIC capable.
- Registers with Scanning Devices: Total number of registers in which scanners are used to ring up items.
- Check "Integrated" or "Stand-beside device" to indicate the type of point-of-sale system used by the store.
- Scanning devices that identify WIC-approved foods: Number of scanning devices that identify WIC-approved foods.
- Supplier of Infant Formula: List all suppliers of infant formula (refer to NC Approved Supplier List).
- Store Manager's Name: Circle title of courtesy (Mr., Mrs., or Ms.). Type/print store manager's full name (first, middle, last). Do not use initials. If there is no middle name, write "NMN".
- Check 'Yes' or 'No' to indicate if store manager is the primary contact. If 'No', provide primary contact name & phone number.
- Internet Access: Check 'Yes' or 'No' to indicate whether the store has internet access.
- Email Address: Provide an email address for the store or owner.
- Percentage of total food sales: Provide percentage (%) of total food sales expected from WIC, SNAP, cash & credit/debit sales.

Section II – Store Ownership Information

- Type of Ownership: Check only one (1) type of ownership. If type of ownership is a limited partnership, corporation, or LLC, provide the name, mailing and physical addresses, and phone number of the limited partnership, corporation, or LLC.
- **Document the Number of stores owned by this ownership and the Number (if any) Other WIC stores owned by this ownership.**
- Only one (1) owner allowed per line. If more than 2 owners, use a separate sheet of paper to document additional owners.
- Store Owner:
  - Circle the appropriate title of courtesy (Mr., Mrs., or Ms.). Type or print store owner's full name (first, middle, last). Do not use initials. If there is no middle name, write "NMN". Provide title if officer.
  - Type or print the owner's residential address and telephone number.
  - List the percentage of business or shares owned.
  - List all other stores owned by the store owner and physical addresses. Use additional paper, if necessary (more than 1 store). ***List stores owned even if not WIC authorized stores***
  - Repeat the above steps for each store owner, using Page 4a of the WIC Vendor Application (DHHS 3282) to document more than 2 store owners or officers.

Section III – Business Integrity

- Read and answer the question listed. If "yes" is checked, explain answer in space provided. An additional sheet of paper may be attached, if necessary.
- The store owner or officer must sign and date the form. If an officer signs the form, provide their title.

The Local WIC Agency retains a copy of the completed Update form and returns a copy of the completed Update form to the State WIC Agency.

RETENTION AND DISPOSITION:

This form must be retained in accordance with records retention requirements of the North Carolina Department of Cultural Resources and the North Carolina Department of Health and Human Services.

REORDER: Community Nutrition Services Section, 1914 Mail Service Center, 1915 Health Services Way, Raleigh, NC 27699-1914 Courier 54-42-01 (Use DHHS 2507)

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