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

ocal Agency Name:	
Vendor Number: _	

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

	rding projected above-50% vendor state y the State WIC Agency.	us. Be prepared to provide documentation of your
Store Name		
Mailing Address  City/State/Zip		
Phone Number		
Name of Owner		
I project that food sales.	at the annual WIC redemption for my st	ore will be more than 50% of my total annual
I project that annual food		ore will <b>NOT</b> be more than 50% of my total
(Print Name of	Owner, Officer, or Manager)	(Title if Officer)
(Signature of Owner, Officer, or Manager)		(Date)