

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: _____
