

**LOUISIANA WIC VENDOR APPLICANT PROFILE**

**10/1/2013 – 9/30/2015**

\_\_\_\_\_  
WIC Vendor Number

\_\_\_\_\_  
Vendor e-mail address @ \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_  
Vendor Name

\_\_\_\_\_  
Store # (if applicable)

\_\_\_\_\_  
Shopping Ctr. Name (if applicable)

\_\_\_\_\_  
Vendor Address (physical)

\_\_\_\_\_  
City

\_\_\_\_\_  
Vendor Address (mailing)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Vendor Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Vendor Fax Number

\_\_\_\_\_  
Owner Last Name

\_\_\_\_\_  
Owner First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Partner Last Name

\_\_\_\_\_  
Partner First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Manager Last Name

\_\_\_\_\_  
Manager First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Acquired

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Corporation Filed (if applicable)

\_\_\_\_\_  
Corporation City and State

\_\_\_\_\_  
SNAP Authorization #

\_\_\_\_\_  
Federal Tax ID Number

\_\_\_\_\_  
Health Department Permit to Operate Number

Vendor Type: (check one)

( ) Large Chain

( ) Large Supermarket

( ) Medium Supermarket

( ) WIC Only

( ) Commissary

( ) Small Grocery

Ownership Type: (check one)

( ) Corporation

( ) Partnership

( ) Sole Proprietor

Number of Cash Registers \_\_\_\_\_

\_\_\_\_\_  
Depository Bank Name

\_\_\_\_\_  
Bank Telephone Number

\_\_\_\_\_  
Branch Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Annual Gross Sales: \$ \_\_\_\_\_ Annual Gross Sales Dates- FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual Gross Sales Source (check one) ( ) Financial Records ( ) IRS Tax Return

( ) Previous Owner's Records ( ) Other

Do you expect that more than 50 % of your annual revenue from the sale of food items will be derived from WIC food instruments?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Have any of the owners and/or managers owned/managed a store authorized to accept WIC food instruments by the Louisiana WIC Program within the prior three years? YES \_\_\_\_\_ NO \_\_\_\_\_

Have any of the owners and/or management personnel been disqualified from any USDA food program within the prior six years?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Have you received a warning from SNAP within the prior two (2) years?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please give the date of warning \_\_\_\_\_

