



**MONTANA WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM
RENEWAL APPLICATION FOR A WIC VENDOR**

PLEASE TYPE OR PRINT CLEARLY

State Office Use
State WIC ID Number:

PRIVACY ACT STATEMENT: Thank you for your interest in applying to the MT WIC program as a WIC authorized vendor. The information below is being requested by the Montana Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program). The information you provide in this application may be used: to determine whether your store will be authorized as a WIC vendor and able to accept WIC food instruments.

1. VENDOR BUSINESS INFORMATION

Store Name
Store Telephone Number
Store Fax Number
Store Email Address
Store Manager
Store Manager Email Address
Store Manager Telephone Number
Store WIC Contact
Store WIC Contact Email Address
Store WIC Contact Telephone Number
Street Address Suite (if applicable)

City
County
State
Zip Code
Mailing Address Suite (if applicable)
City
State
Zip Code
Number of Registers. Enter the TOTAL number of registers in the store.
Square Footage

2. STORE OWNERSHIP TYPE

Please check one of the following store ownership types:

- Commissary Corporation Partnership Sole Proprietorship
 Limited Liability Company (LLC)

3. STORE TYPE

Please check one of the following store types:

Commissary	Independent	Small Chain	Large Chain	Other
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Definitions:

Commissary – A food and supply store for employees on a military base.

Independent – A retail grocery store that is independently owned and not part of a larger retailer chain.

Small Chain – A small chain is a two-to-ten outlet retailer in which several locations share the same brand, central management, and standardized business practices.

Large Chain – A large chain is a more than ten outlet retailer in which several locations share the same brand, central management, and standardized business practices.

Other – A retailer store not fitting these definitions.

4. STORE OWNERSHIP INFORMATION

Company/Ownership Name
Mailing Address
City
State
Zip Code
Name of Contact Person
Contact Person's Title
Contact Person's Email Address
Contact Person's Telephone
Contact Person's Fax Number

5. IF OWNERSHIP IS A LIMITED LIABILITY COMPANY OR CORPORATION WITH A PARENT COMPANY(IES), PROVIDE THE FOLLOWING INFORMATION.

Name of Parent Company Telephone Number
Street Address
City
State
Zip Code
Store Name
Store Address Suite #
Store City
Store State
Store Zip

9. PRIMARY GROCERY SUPPLIER

Supplier Name

10. PRIMARY INFANT FORMULA SUPPLIER (IF DIFFERENT)

Supplier Name

13. INDIVIDUAL AUTHORIZED TO SIGN VENDOR AGREEMENT

Name
Title
Mailing Address
City
State
ZIP
Phone
E-Mail Address

14. CERTIFICATION

- A. I am applying for renewal authorization for this business to continue participating in the Montana WIC Program.
- B. I have the authority to apply for WIC participation. I accept responsibility on behalf of the owners for violations committed by the store's employees, including new and part-time employees, and paid or unpaid employees.
- C. I understand that this Agreement can be terminated by the Montana WIC Program as a result of violations of the WIC Program regulations by my employees, or by me.
- D. I understand that this Agreement can be terminated by the Montana WIC Program for violations of SNAP's regulations by any of my employees or me, or by me.
- E. I hereby certify that the information presented in this application is complete, true and factual to the best of my knowledge, information and belief. I understand that misrepresentation of the information contained herein will nullify this application, or a subsequent Agreement based on this information.

Signature
Date
Printed or Typed Name

Please complete all areas of the form. Questions or concerns can be addressed by calling Glade Roos at 406-444-2841. This application can be included as an attachment to an email or faxed. The Email address is groos@mt.gov and the fax is 406-444-0239. The mailing address is as follows:

Return To: Montana WIC Program
1625 11th Avenue, Basement
PO Box 4210
Helena, MT 59620-2951
ATTN: Glade Roos

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

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