

WIC Vendor Owner Information

THIS FORM MUST BE COMPLETED BY THE VENDOR OWNER, PARTNER, MEMBER, FRANCHISEE OR CORPORATE REPRESENTATIVE.

OWNER	SHIP INFORMAT	ΓΙΟΝ	- FILL OUT	T ALL APPROPR	RIATE SECTIONS
Store Name:					Vendor #:
Address/City/State/Zip:					
	To Be Co	omplete	d by SOLE PR C	PRIETORS Only.	
Owner Name Mr. Ms.	First	M. I.	Last	•	Social Security Number
Mr. Ms. Home address	<u> </u>			Apt./Unit #	Driver's License or State Identification No.
City and State				ZIP Code	Home/Cell Telephone Number
To Be Completed I				Y COMPANIES (LL blease attach a separate sh	C), or FRANCHISES Only.
Partnership LLC L	Franchise				g Address (Street/City/State/Zip Code)
Partnership/LLC Name or P	arent Company Name:	-	If Franchise, Pare	ent Company Contact Pe	rson & Telephone Number
Partner/Member/ Franchisee Name Mr. Ms.	First	M. I.	Last	% of Ownership	Social Security Number
Home address				Apt./Unit#	Driver's License/State Identification No.
City and State				ZIP Code	Home/Cell Telephone Number
Partner/Member/ Franchisee Name Mr. Ms.	First	M. I.	Last	% of Ownership	Social Security Number
Home address				Apt./Unit #	Driver's License or State Identification No.
City and State				ZIP Code	Home/Cell Telephone Number
To Be Co	mpleted by CORPORA	TIONS	S Only. Corporati	ons with more than five	(5) officers are exempt.
Corporation Name	•			tact Person/Title/E-Mail	
Mailing address		City,	, State	ZIP code	Corporation Telephone Number
President Name	First		M. I.	Last	% of Ownership
Mr.	First		M. I.	Last	% of Ownership
Mr.					
Secretary Name Mr. Ms.	First		M. I.	Last	% of Ownership
Treasurer Name	First		M. I.	Last	% of Ownership
Mr. \square Ms.					



Store Name

WIC Vendor Agreement Signature Page

The undersigned represents that he or she is the owner, partner, member, franchisee or authorized representative or has the authority to contract for and on behalf of the retail vendor. If I misrepresent or falsify any information the application may be denied. By signing below, the vendor agrees to the general conditions and the terms of the agreement including all appendices.

WIC Vendor #

Signature of owner, partner, member, franchisee or represent	tative* Date
Print name of owner, partner, member, franchisee or represe	ntative Title
*If this signature is not that of the owner, partner, membauthorizes the representative to sign and contract for on	
This section to be completed b	y the WIC Program
By signing below, the WIC Program agrees to the general coall appendices.	onditions and the terms of this agreement including
Signature of WIC Program Director	Date
THIS AGREEMENT BETWEEN THE STATE OF CO	ONNECTICUT, DEPARTMENT OF PUBLIC

HEALTH, SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC PROGRAM) AND THE VENDOR NAMED IN THIS AGREEMENT SHALL BE IN EFFECT FROM: