 **WIC Vendor Owner Information**

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

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| **OWNERSHIP INFORMATION – FILL OUT ALL APPROPRIATE SECTIONS** |
| Store Name: | Vendor #: |
| Address/City/State/Zip:  |
| To Be Completed by **SOLE PROPRIETORS** Only. |
|  | Owner Name | First |  | M.I. | Last |  |  | Social Security Number (last 4 digits) |
|  | Mr. |  | Ms. |  |  |  |  |  | XXX – XX -  |
|  | Home address |  |  |  |  | Apt./Unit # |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | City and State |  |  |  |  | ZIP Code |  | Home/Cell Telephone Number |
|  |  |  |  |  |  |  |  |  |  |  | ( ) |
| To Be Completed by **PARTNERSHIPS, LIMITED LIABILITY COMPANIES (LLC), or FRANCHISES** Only.If there are additional partners/members, please attach a separate sheet. |
| Partnership  LLC  Franchise Partnership/LLC Name or Parent Company Name: | Partnership/LLC/Parent Company Mailing Address (Street/City/State/Zip Code) |
| If Franchise, Parent Company Contact Person & Telephone Number |
|  | Partner/Member/Franchisee Name |  First | M. I. | Last |  | % of Ownership | Social Security Number (last 4 digits) |
|  | Mr. |  | Ms. |  |  |  |  |  | XXX – XX -  |
|  | Home address |  |  |  |  | Apt./Unit # |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | City and State |  |  |  |  | ZIP Code |  | Home/Cell Telephone Number |
|  |  |  |  |  |  |  |  |  |  |  | ( )  |  |  |
|  | Partner/Member/Franchisee Name |  First | M. I. | Last |  | % of Ownership | Social Security Number (last 4 digits) |
|  | Mr. |  | Ms. |  |  |  |  | XXX – XX -  |
|  | Home address |  |  |  |  | Apt./Unit # |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | City and State |  |  |  |  | ZIP Code |  | Home/Cell Telephone Number |
|  |  |  |  |  |  |  |  |  |  |  | ( ) |  |  |
| To Be Completed by **CORPORATIONS** Only. Corporations with more than five (5) officers are exempt. |
|  | Corporation Name |  |  | Corporation Contact Person/Title/E-Mail |
|  |  |  |  |  |  |  |  |
|  | Mailing address  |  |  | City, State | ZIP code | Corporation Telephone Number |
|  |  |  |  |  |  |  |  |  |  | ( ) |
|  | President Name |  First |  | M. I. |  | Last | % of Ownership  |
|  | Mr. |  | Ms. |  |  |  |  |  |  |
|  | Vice-President Name |  First |  | M. I. |  | Last | % of Ownership  |
|  | Mr. |  | Ms. |  |  |  |  |  |  |
|  | Secretary Name |  First |  | M. I. |  | Last | % of Ownership  |
|  | Mr. |  | Ms. |  |  |  |  |  |  |
|  | Treasurer Name |  First |  | M. I. |  | Last | % of Ownership  |
|  | Mr. |  | Ms. |  |  |  |  |  |  |

 **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.

|  |  |
| --- | --- |
| Store Name | WIC Vendor # |
| Signature of owner, partner, member, franchisee or representative\*  | Date |
| Print name of owner, partner, member, franchisee or representative | Title |
| **\*If this signature is not that of the owner, partner, member, franchisee, attach a copy of a document that authorizes the representative to sign and contract for on behalf of this business.** |

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| By signing below, the WIC Program agrees to the general conditions and the terms of this agreement including all appendices.  |
| Signature of WIC Program Director | Date |
|  |
| **THIS AGREEMENT BETWEEN THE STATE OF CONNECTICUT, 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:** |

 **This section to be completed by the WIC Program**