

## WIC Vendor Portal Application Worksheet – Renewal

This worksheet allows the applicant to capture required information and documents/files that you will need to review and confirm when you sit down at a computer to register as a user and enter the portal for the purpose of applying for renewal of your WIC authorization.

<b>Store Name:</b>	Review & Confirm
<b>Street Address:</b>	Review & Confirm
<b>City, State, Zip:</b>	Review & Confirm
<b>Store Phone Number:</b>	Review & Confirm

The allowable formats for documents and files that need to be uploaded to complete your portal application are the following: PDF, DOC, JPEG, GIF, PNG

Documents/Files to Upload to your Portal Application (required documents/files based on your store’s specific demographics):

- Owner Information Form (print from WIC Retailers webpage and complete in full)
- Electronic version of owner’s state issued driver’s license/picture identification card or U.S. government issued passport/visa
- Electronic of store manager’s state issued driver’s license/picture identification card or U.S. government issued passport/visa (if you have a store manager)
- OS-114 forms-Sales and Use Tax Return, including Line 21, for the LAST FOUR TAX FILING QUARTERS (specific time period indicated on the Sales Information screen)

<b>Information about you, your store, and your employees that you need to review and save on the screens of the WIC portal application.</b>	
Authorized SNAP Number:	Review & Confirm
Connecticut Tax ID Number:	Review & Confirm
FEIN/SSN:	Review & Confirm
Owner DL/ID State & Number:	Review & Confirm
Store Manager DL/ID State & Number (if applicable):	Review & Confirm
Owner Email:	Review & Confirm
Store Manager Email (if applicable):	Review & Confirm
Store Email (if applicable):	Review & Confirm
Cash Register System Type:	Review & Confirm <input type="checkbox"/> Integrated    If Integrated, your TPP: <input type="checkbox"/> Stand Beside
Language you wish to be trained in:	
Number of store workers and how many will handle WIC transactions:	Store Workers: How many will handle WIC transactions:

What do you estimate the percentages of your future food sales by type of payment will be? Total must equal 100%.	Cash _____% WIC _____% SNAP _____% Credit Card/Debit Card _____% Other (personal checks, etc.) _____%
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Review & Confirm Store Hours for the **Store Details** screen

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Store Hours	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

Information required for the **Formula Suppliers** button on the **Store Details** screen

<b>Please list the wholesalers and distributors from which you are purchasing infant formula.</b>		
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____

Information required for the **Sales Information** screen

<b>3. Gross Volume of all Sales Last Four Tax Filing Quarters:</b>	<input type="text"/>
<b>4. Provide the information below</b>	
<b>a. Enter Line 21 from OS-114:</b> (Last Four Tax Filing Quarters. Submit OS-114 document)	<input type="text"/>
<b>b. Taxable food sales:</b> (Sales from soda, candy, gum, and other snack foods)	<input type="text"/>
<b>c. Vending machine sales and hot food sales:</b>	<input type="text"/>

Information required for the **Food Price Entry** screen

<b>Please enter the Lowest and Highest Price for the category of food product listed below. See the WIC Approved Food Guide on the following pages for specific products and brand names allowed.</b>			
Product	Size	Lowest Price	Highest Price
Cheese	1 lb.		
Eggs – Large	1 dozen		
Milk, Low-Fat (1% Skim)	gallon		
Peanut Butter	16-18 oz. jar		
Whole Wheat/Whole Grain Bread	1 lb.		
Dry Legumes	1 lb.		
Infant Fruits or Vegetables	4 oz.		
Infant Cereal	8 oz. box		
Breakfast Cereal – Cold	12 oz. box		
Juice – Fluid	64 oz./half gallon		
Infant Formula – Similac Advance	12.4 oz. can of powder (blue label)		ONE PRODUCT/ONE PRICE