

# WIC Online Retailer Application Portal (ORAP) Vendor User Guide

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## Table of Contents

Introduction .....	3
Initial Registration.....	3
Online Retailer Application Portal Registration .....	6
Retailer Management - Create/Update a New Application.....	9
Role Request .....	36
Existing Owner Applying for New Store .....	39
Change of Ownership.....	64
Reauthorization.....	65
Update Retailer Account Information.....	88
Submit Food Pricing (Price Survey).....	100
Glossary.....	105

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## Introduction

The Online Retailer Application Portal is a web-based application designed to support retailer management in the Washington State Women, Infants, and Children (WIC) Nutrition Program. The goal of this application is to provide retailers with a way to apply for WIC authorization, update information about their stores, and submit pricing information at any time of day, any day of the week. Farmer Growers can apply to participate in the WIC and Senior Farmers Market Nutrition Programs using the Online Retailer Application Portal as well. Eliminating the step of WIC staff entering data from paper applications will also improve the retailer data in the WIC MIS system.

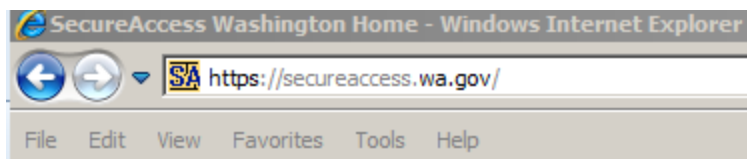
The Online Retailer Application Portal is housed on the SecureAccess Washington website. SecureAccess Washington allows Internet access to a number of online government services through one website.

## Initial Registration

There are two ways to access the Online Retailer Application Portal. The user can either logon directly through SecureAccess Washington (SAW) or get to the SecureAccess Washington login screen through the Department of Health website [WIC Retailer Resources](#).

The first time you log in to SAW, you need to set up an account.

Enter <https://secureaccess.wa.gov> in your browser address text box, and press **ENTER**.



1. From the **SecureAccess** menu, click **Create one**.

Log in to SecureAccess Washington

User ID:

Password:

**LOGIN**

Do not have an account? [Create one](#)

1

Forgot User ID?

Forgot Password?

Activate Account

Missing Email?

## 2. Click Start.

1 Name & email	2 User ID & password	3 Review information	4 Validate information	5 Check email	6 Log in to account
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### Create an Account

SecureAccess Washington (SAW) allows you to access multiple online government services with the use of a single user ID and password. By creating a SAW account, you can interact with many government agencies, like L&I, Ecology, DSHS, and more with just one account.

2

START

## 3. Enter your information in the Name, E-Mail Address, and Confirm E-Mail fields. From the Secret Question dropdown menu, choose a question and enter the answer.

Enter your personal information

Name:

E-mail Address:

Confirm E-mail:

Secret Question:

Question Answer:

PREVIOUS NEXT

3

4

## 4. Click Next.

## 5. Enter your User ID, your Password, and Confirm Password on the Create a user ID and password screen.

- ✓ The User ID and password are case sensitive.
- ✓ Passwords must be a minimum of 10 characters long and contain at least 3 of the following 4 character types: upper case letters, lower case letters, numbers and special characters.
- ✓ Examples of special characters are: \$ @ ! # \* & %

### Create a user ID and password

**NOTE:** We value the security of your personal information. In order to protect this information, your password will expire every 24 months or 13 months depending on application access. Also, your password should not include a dictionary word.

5

User ID:

Password:

Confirm Password:

PREVIOUS NEXT

6

6. Click **Next**.

7. Review your information for accuracy. Click **PRINT** to print the page for your records. Click **Next**.

**Review your information**

Here is your personal and account information.

**NOTE:** We value the security of your personal information. In order to protect this information, your password will expire **every 24 months or 13 months** depending on application access. Also, your password should not include a dictionary word.

Name: Jane Smith

E-Mail Address: janedoe@gmail.com

User ID: janedoe1234

Password: XXXXXXXXXXXX

Secret Question: What city were you born in?

Answer: XXXXXXXXXXXX

Go back to the previous page to make changes.

Continue to the next page if the information is correct.

You may want to **PRINT** this page for your records.

**PREVIOUS** **Don't forget to print!** **NEXT**

7

8. Enter the code that appears in the box. (The security code is not case-sensitive.)



If you cannot read the code, click the link. This generates a new security code. You may also click the speaker icon which will broadcast the code through your speakers.



In the box below, enter the security code you see above:

[\(Click here if you cannot read the code\)](#)

**8** **Previous** **Submit** **9**

9. Click **Submit**.



A confirmation message appears and you receive an email from SecureAccess Washington. To complete the registration process, follow the instructions in the email.

## Online Retailer Application Portal Registration

1. Either click on the link in the confirmation email or enter <https://secureaccess.wa.gov> in your browser address text box, and press **Enter**.
2. In the User ID and Password boxes, enter your user ID and password.



Your SAW User ID and password are case-sensitive.

3. Click **login**.
4. Your SecureAccess home page appears.
5. There are two tabs: **My Services** and **Add a New Service**. The **My Services** tab lists the State of Washington services for which you have previously registered, if any. The **Add a New Service** tab allows you to select from a list of State of Washington services hosted via the SAW interface. The list is organized by State Agency.

If you are new to SecureAccess Washington and haven't selected any services yet, you will see the screen below. Click the **Click the Add a New Service** link.

6. Find **Department of Health** and click on the link.

**SAW** SecureAccess WASHINGTON

My Secure Services | Account Management | Help

My Services | **+ Add a New Service** | Contact Us

**Service code:**  
If you have been given a service code, enter it below to apply for access to the service.  
  
**APPLY**

**Select an agency below to see a list of services:**

- [Board for Volunteer Fire Fighters](#)
- [Community, Trade and Economic Development](#)
- [Consolidated Technology Services](#)
- [Criminal Justice Training Commission](#)
- [Department of Archaeology and Historic Preservation](#)
- [Department of Commerce](#)
- [Department of Ecology](#)
- [Department of Fish and Wildlife](#)
- **[Department of Health](#)**
- [Department of Information Services](#)
- [Department of Natural Resources](#)

**Search services by keywords:**  
Enter keyword(s) below to find related services. Leave field blank to display all services.

Click on this link

7. The **Add a Service to Your Account** screen opens. Click **Apply** in the **Action** column next to WIC Online Retailer Application Portal.

My Services | **+ Add a New Service** | Contact Us

**Add a Service to Your Account**  
Select a service to apply for from the following.

**Note:** Services for which you currently have access, have applied to and are awaiting approval, or those that you have been suspended or rejected from will not appear in this list.

[All Agencies](#) > [Department of Health](#)

Service	Description	Action
WIC Online Retailer Application Portal	Development Web Site <a href="#">Privacy Notice</a>	<b>7</b> <b>APPLY</b>

8. The Service Registration screen opens.

The screenshot shows the 'Service Registration' form. At the top, there are three tabs: 'My Services', 'Add a New Service' (highlighted with a green plus icon), and 'Contact Us'. Below the tabs, the heading 'Service Registration' is followed by the instruction: 'Please fill out the form below to apply to agency Department of Health's service WIC Online Retailer Application Portal.' A light blue banner states: 'Complete the following form: (\*) indicates a required field'. The form contains several input fields: '\*First Name' (with placeholder 'Your First Name'), 'Middle Name' (with placeholder 'Your Middle Name (Optional)'), '\*Last Name' (with placeholder 'Your Last Name'), '\*Phone Number' (with placeholder 'Work Phone Number Where We Can Contact You (e.g. 800-555-1234)'), '\*E-mail Address' (with placeholder 'Your E-mail Address (e.g. jane.doe@mymail.com)'), and '\*Title/Position/Role Held' (with placeholder '(e.g. Store Manager, Owner, Cashier Trainer)'). At the bottom left is an orange 'REGISTER' button, and at the bottom right is an orange 'CANCEL' button. Callout box 9 points to the 'Middle Name' field, and callout box 10 points to the 'REGISTER' button.

9. Enter your name, phone number, email address, and your title in your company.

10. Click **Register**.

11. The Service Registration Successful screen opens and a confirmation email is sent immediately to the email address you entered.

The screenshot shows the 'Service Registration Successful' confirmation screen. It has the same top navigation tabs as the previous screen. The main heading is 'Service Registration Successful'. Below it, the text reads: 'Thank you for registering with agency Department of Health's service WIC Online Retailer Application Portal. Please click the "My Secure Services" tab above to access the service.' Callout box 12 points to the 'My Services' tab.

12. Click on the tab titled **My Services**. You should now be able to select **WIC Online Retailer Application Portal** in the Service column, which will take you to the ORAP home page.



## Retailer Management - Create/Update a New Application

Use this function to apply for WIC authorization for a store which your business currently owns (or you're buying or building), but the store is not currently authorized for WIC. If you are applying for WIC authorization for a new contract period for a store which your business currently owns, and the store is currently authorized for WIC, use the instructions in the Reauthorization section and the Reauthorization function.

1. There are two ways to access the Online Retailer Application Portal. Either logon directly through SecureAccess Washington (SAW) (<https://secureaccess.wa.gov>) or link to the SecureAccess Washington login screen through the Department of Health website [WIC Retailer Resources](#).
2. If you have bookmarked the SecureAccess Washington website, find SecureAccess Washington in your Favorites.
3. In the User ID and Password boxes, enter your SAW user ID and password.
4. The **My Services** tab opens.
5. Select **WIC Online Retailer Application Portal**.
6. The WIC Online Retailer Application Home Page opens. You do not need to do a "role request" to create a WIC application for a store that's not currently authorized.
7. Select Retailer Management from either the Menu Bar or [Access Now](#) on the page.



## Minimum Required Data

This screen captures the basic information needed to create an owner and store record. You must complete this screen before saving for the first time.

Please select Create/Update a New Application --Please Select Vendor--

**Checklist**

**Washington WIC Program Information-Selection Criteria**

Program Background- Retailers must meet all of the selection criteria to be considered for WIC authorization. Retailers must continue to meet all the criteria in order to remain authorized.

An applicant must meet all of the following to be considered for WIC authorization:

- Have a current Master
- Have a current reseller
- Have a current food e
- Have a current weighi
- Have active authoriza
- Be in compliance with
- Operate as a full-line
- Purchase foods for res
- Purchase infant formul
- Not receive or expect
- Not focus primarily on
- Maintain at all times a
- Operate from a fixed p
- Be open for business a
- Post prices so they ar
- Maintain a record keep

**Minimum Required Data**

**Owner Information \***

Name of Owner (If Sole proprietorship): First Name  Last Name

Company (Legal Business) Name

Owner Telephone \*

Store Name \*

To read the full content of the requirements for participation in the WIC Program, go to [www.doh.wa.gov/cfh/WIC/retailer-app.htm](http://www.doh.wa.gov/cfh/WIC/retailer-app.htm)

4

1. Enter **either** the sole proprietor's legal name **or** the name of the company that owns the store. (If you enter both, only the Company name saves to the WIC Nutrition Program MIS system.)
  - ✓ Use the exact legal name as it is listed on your Washington State Master Business License.
  - ✓ You should fill out the Name of Owner **only** if your business is a Sole Proprietorship.
  - ✓ For all other business types, you should fill out the Company (Legal Business) Name.
2. Enter the owner telephone number.
3. Enter the name of the store for which you are applying.
4. Click **Submit**.
5. **Submit** closes the Minimum Required Data screen.

## Washington WIC Program Information - Selection Criteria

This screen contains the Vendor Selection Criteria. These are requirements each retailer must meet in order to be considered for participation in the WIC program. To read the Vendor Selection Criteria in full, click the link at the bottom of the screen.

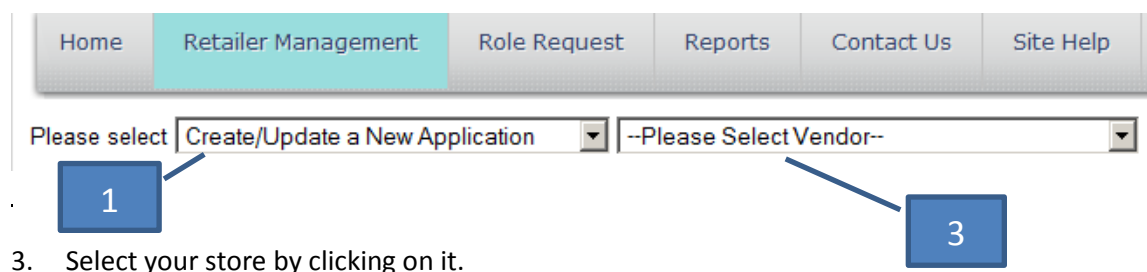
- Maintain a record keeping system that is available to the department for review at any time.

To read the full content of the requirements for participation in the WIC Program, go to [www.doh.wa.gov/cfh/WIC/retailer-app.htm](http://www.doh.wa.gov/cfh/WIC/retailer-app.htm)

Be sure to read this page carefully. Not only does your store need to meet the Selection Criteria in order to be considered for participation in the WIC Nutrition Program but the WIC Specialists monitor your store's performance throughout the term of the contract to make sure you continue to meet the Selection Criteria.

### To Begin the Application

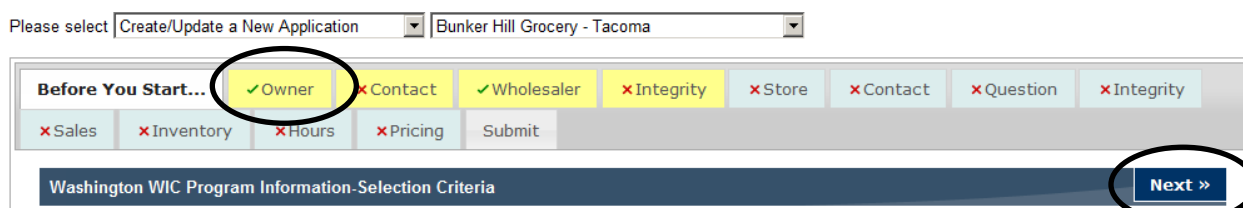
1. Make sure "Create/Update a New Application" is selected in the "Please select" dropdown menu.
  - ✓ Do not use "Create/Update a New Application" for a business and store which are currently authorized for WIC and you're applying for a new upcoming contract period. In this case, follow the directions for "Reauthorization" (refer to Table of Contents).
2. Find the store name you entered on the Minimum Required Data screen in the "Please Select Vendor" dropdown menu.



The screenshot shows a navigation bar with tabs: Home, Retailer Management (active), Role Request, Reports, Contact Us, and Site Help. Below the navigation bar, there are two dropdown menus. The first dropdown menu is labeled 'Please select' and has 'Create/Update a New Application' selected. A blue box with the number '1' points to this dropdown. The second dropdown menu is labeled 'Please Select Vendor--' and is empty. A blue box with the number '3' points to this dropdown.

3. Select your store by clicking on it.

Click **Next**, or click on the Owner tab to begin.



The screenshot shows the 'Before You Start...' section of the application form. It has a dropdown menu labeled 'Please select' with 'Create/Update a New Application' selected. Next to it is a dropdown menu labeled 'Bunker Hill Grocery - Tacoma'. Below these are several tabs: 'Owner' (with a green checkmark), 'Contact' (with a red X), 'Wholesaler' (with a green checkmark), 'Integrity' (with a red X), 'Store' (with a red X), 'Contact' (with a red X), 'Question' (with a red X), and 'Integrity' (with a red X). Below the tabs are buttons for 'Sales', 'Inventory', 'Hours', 'Pricing', and 'Submit'. At the bottom of the form, there is a dark blue bar with the text 'Washington WIC Program Information-Selection Criteria' and a 'Next >>' button. A blue box with the number '1' points to the 'Owner' tab, and a blue box with the number '2' points to the 'Next >>' button.

## Owner Profile

The owner or company name you entered on the Minimum Required Data screen and the phone number display in the appropriate fields.

Please select Create/Update a New Application Bunker Hill Grocery

Before You Start... **Owner** Contact Wholesaler Integrity Store Contact Question Integrity  
Sales Inventory Hours Pricing Submit Owner's Profile

**Owner's Profile** Save « Previous Next »

Legal Name of Owner (If Sole Proprietorship) First Name:  MI:  Last Name:

Company (Legal Business) Name

Telephone  Alternate Telephone  Business Fax

Business Email  Business Type Other

**Owner Physical Address**

Address  Address2  Zip+Ext   
City  State  County

**Owner Mailing Address**

☐ Check if same as physical address

Address  Address2  Zip+Ext   
City  State  County

Washington State Reseller's Permit Number

Employer Identification Number (EIN, not SSN)

Washington State Sales Tax Unified Business Identifier (UBI) Number

1. Legal name of Owner (if Sole Proprietorship) or Company (Legal Business) Name  
Telephone  
✓ Information entered on the Minimum Required Data screen comes forward and fills these fields.
2. Alternate Telephone  
✓ This could be a cell phone or another phone line for the business. It is an alternate way for WIC staff to get ahold of you if the main business telephone number is not working.
3. Business Fax  
✓ It is not required to have a fax number for your business. It is another way to communicate with the WIC Nutrition Program.
4. Business Email  
✓ Enter the main email address for the Owner or Company. **It is required** to have a business email.
5. Business Type (Select one)  
✓ Choose from the drop down list.

6. Owner Physical Address
  - ✓ Enter physical location of the business. Suite numbers or other types of additional addresses go in the Address 2 box.
  - ✓ Enter the Zip Code. The Zip Code triggers what fills in the City, State, and County fields. If more than one city shares a zip code, “-Please Select City”- displays in the box. The City dropdown list shows all the cities that share the zip code.
7. Owner Mailing Address
  - ✓ Enter the address where the business receives postal service. If you receive mail at the street address, check the box next to **Check if same as physical address**. Suite numbers or other types of additional addresses go in the Address 2 box.
  - ✓ Enter the Zip Code. Tabbing out of the Zip Code field triggers what fills in the City, State, and County fields. If more than one city shares a zip code, “-Please Select City”- displays in the box. The City dropdown list shows all the cities that share the zip code.
8. Washington State Reseller’s Permit number
  - ✓ Enter your 9 digit reseller permit number (usually one alphabet letter followed by eight numbers) issued by the Department of Revenue. This is the number that allows businesses to buy items for resale without paying retail sales tax.
  - ✓ It is found on your reseller permit in the top right corner.
9. Employer Identification Number (EIN)
  - ✓ Enter your Federal Tax ID number. This is a 9 digit number.
  - ✓ If you do not have an EIN, leave this field blank.
10. Washington State Sales Tax Unified Business Identifier Number (UBI)
  - ✓ Enter your Master Business License number issued by the Department of Licensing. This is a 9 digit number.
11. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Owner Contact

List **ALL** the “principals” or “governing persons” for the business.



Make sure to include at least one person who has authority to sign contracts.

**Most businesses should enter multiple contacts.** In addition to the “governing persons”, add any other person who you want to also designate as having contract signing authority. **Also add a Price Survey contact** and other miscellaneous contacts (training, contracting, compliance, etc.) as appropriate.

Types of Business Contacts (President, Sole Proprietor, LLC Managing Member, Other, etc.) are in the dropdown list in the Contact Type/Title menu. You can add, delete or change contacts.

Please select Create/Update a New Application Bunker Hill Grocery

Before You Start...	✓ Owner	<b>✗ Contact</b>	✗ Wholesaler	✗ Integrity	✗ Store	✗ Contact	✗ Question	✗ Integrity
✗ Sales	✗ Inventory	✗ Hours	✗ Pricing	Submit				

Business Contact Information

« Previous

Next »

Contact Type/Title	First Name	Last Name	Telephone	Email	Contract Signing Authority		
President					<input type="checkbox"/>	Save	Clear

Enter all governing persons (owners, principal corporate officers, partners, LLC managing members, etc.). Also enter anyone else who is designated to sign WIC contracts and a contact for food price surveys.

\*When entering a contact, you must click on the "Save" button to save the record.

1. Choose a Contact Type/Title from the dropdown menu. Choose “Other” if the person is not a “governing person” but you want to show they have WIC contract signing authority.
2. Enter the contact’s First Name, Last Name, Telephone, and Email address.
3. Click in the Contract Signing Authority box to indicate whether the person entered on that line has authority to sign contracts.
  - ✓ A check in the box means Yes.
  - ✓ Leave the box blank if No.
4. Click **Save** to add the entry which also adds a new row below. (Click **Clear** if you want to clear the row and start over.)



Clicking **Save** changes the button choices at the end of the row to **Delete** and **Edit**.

5. Once the row is saved, click the **Delete** button at the end of the row if you want to remove all the information entered on that row.
6. Click **Edit** if you need to change the information entered on the line after you have saved it.
7. Repeat to add each of your business contacts.
  - ✓ Be sure to add a price survey contact and click **Save** after each entry.
8. Click **Next** to advance you to the next screen.

## Wholesaler

Before You Start... ☒ Owner ☒ Contact **☒ Wholesaler** ☒ Integrity ☒ Store ☒ Contact ☒ Question ☒ Integrity

☒ Sales ☒ Inventory ☒ Hours ☒ Pricing Submit


**Owner-Wholesaler Information** « Previous Next »

Wholesaler Name	Wholesaler Address	Wholesaler Phone	Formula	Food		
--Please Select Wholesaler--			<input type="checkbox"/>	<input type="checkbox"/>	Save	Clear

Enter at least one wholesaler who supplies infant formula.

\*Copies of sales receipt(s)/invoice(s) from an approved Infant Formula Supplier will be required prior to WIC Authorization.  
[Click here on how to submit your invoice\(s\).](#)

\*\*When entering a wholesaler, you must click on the "Save" button to save the record.

1. Choose your wholesaler from the dropdown menu. When selected, the address and phone number of the wholesaler populate the fields to the right of the dropdown list.
  2. Click in one or both of the checkboxes (**Formula, Food**) next to the selected wholesaler to indicate that you buy infant formula and/or food from this wholesaler.
    - ✓ A check in the box means Yes.
    - ✓ Leave the box blank if No.
    - ✓ You can select more than one wholesaler but at least one must be your infant formula supplier.
  3. Click **Save** to add the wholesaler to your application which also adds a new row below. (Click **Clear** if you want to erase everything on the row and start over.)
-  Clicking **Save** changes the button choices at the end of the row to **Delete** and **Edit**.
4. Click the **Delete** button at the end of the saved row removes all the information entered on that row.
  5. Click **Edit** if you need to change the information entered on the line you have saved.
  6. Once you make needed changes, click **Save** to save your work before moving on.
  7. Click the link [Click here on how to submit your invoice\(s\)](#) for directions how to send your infant formula invoice to a WIC Specialist.
    - ✓ It is a requirement to verify where you buy the food and infant formula you intend to sell to WIC clients.
    - ✓ Invoices must include the supplier name, the name of the store buying the products, food product name, quantity of each food product sold, unit price of each item, and the date of sale.
    - ✓ This window sometimes opens behind the application. If you do not see the directions for submitting your invoices, minimize the Online Retailer Application to make the directions visible.

8. If the wholesaler you do business with is not listed in the dropdown list, choose **Other**. **Other** is found at the bottom of the dropdown list.
9. Selecting **Other** opens the **Enter Wholesaler Information** window where you can enter the information about the wholesaler you do business with.

The screenshot displays the 'WIC Online Retailer Application' interface. At the top, there's a header with the 'Washington State Department of Health' logo and navigation links like 'Home', 'Retailer Management', 'Farmer-Grower Management', 'Role Request', 'Reports', 'Contact Us', and 'Site Help'. Below the header, a dropdown menu shows 'Please select' with options 'Create/Update a New Application' and 'Bunker Hill Grocery - Tumwater'. A series of tabs are visible: 'Before You Start...', 'Owner', 'Contact', 'Wholesaler' (highlighted in yellow), 'Integrity', 'Store', 'Contact', 'Question', and 'Integrity'. Below these, another set of tabs includes 'Sales', 'Inventory', 'Hours', 'Pricing', and 'Submit'. The main content area shows a 'Wholesaler Name' dropdown with 'Other' selected. A modal window titled 'Enter Wholesaler Information' is open, containing fields for 'Wholesaler Name \*', 'Address \*', 'City \*', 'State \*', 'Zip \*', and 'Phone \*'. There are also checkboxes for 'Supplies Formula' and 'Supplies Food', and 'Save' and 'Cancel' buttons at the bottom. To the right of the modal, there's a table with a 'Food' column and a 'Save' button. The background interface also shows a 'Previous' and 'Next' navigation bar.

10. Complete the fields on the **Enter Wholesaler Information** window. Click **Save**.
  - ✓ The entered information displays in the Wholesaler Information table and can be edited or deleted the same as if you had chosen the wholesaler from the dropdown list.
  - ✓ Clicking **Edit** opens the **Enter Wholesaler Information** window again where you can make changes.
  - ✓ Adding a wholesaler through the **Enter Wholesaler Information** window does not guarantee the WIC Nutrition Program staff will approve use of the wholesaler.
11. Click **Next** to advance you to the next screen.



## Owner Business Integrity

Home Retailer Management Farmer-Grower Management Role Request Reports Contact Us Site Help

Please select Create/Update a New Application Bunker Hill Grocery

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✗ Integrity ✗ Store ✗ Contact ✗ Question ✗ Integrity

✗ Sales ✗ Inventory ✗ Hours ✗ Pricing Submit

**Owner Business Integrity** Save « Previous Next »

1. Does the business currently have a Commercial General Liability Insurance Policy? ✗ ☐ Yes ☐ No

2. Has your business or any current business owners, officers or managers ever owned or been affiliated with a store disqualified from WIC in Washington or any other state? ✗ ☐ Yes ☐ No

3. Has your business or its owners, officers or managers ever owned a store disqualified from the USDA Supplemental Nutrition Assistance Program (SNAP) in Washington or any other state? ✗ ☐ Yes ☐ No

4. In the last six (6) years, has your business or any current business owners, officers or managers been convicted of or had a civil judgment for any of the following: Fraud, Anti-Trust Violations, Embezzlement, Theft, Forgery, Bribery, Falsification or Destruction of Records, Making False Statements, Receiving Stolen Property, Making False Claims or Obstruction of Justice? ✗ ☐ Yes ☐ No

1. Answer whether the business has a Commercial General Liability Insurance Policy adequate to protect against legal liability if it is sued for causing property damage or personal injury.

- ✓ The insurance must be a minimum of \$1,000,000.00 per occurrence.
- ✓ It must be issued by an insurance company authorized to do business within the state of Washington.

2. Answer whether the business or any of its current owners, officers, or managers has ever owned a store that was disqualified from WIC in any state, including Washington.

- ✓ If you answer Yes, additional fields appear.

2. Has your business or any current business owners, officers or managers ever owned or been affiliated with a store disqualified from WIC in Washington or any other state? ☒ Yes ☐ No

If yes, please provide the following information:

a) List date of disqualification: \*

b) List Store Name(s) and Location(s): \*

- ✓ Enter the date of the disqualification and the name and location of the disqualified store in the additional fields.

3. Answer whether the business or any of its current owners, officers, or managers has ever owned a store that was disqualified from the SNAP program in any state, including Washington.

- ✓ If you answer Yes, additional fields appear.

3. Has your business or its owners, officers or managers ever owned a store disqualified from the USDA Supplemental Nutrition Assistance Program (SNAP) in Washington or any other state? ☒ Yes ☐ No

If yes, please provide the following information:

a) List date of disqualification. \*

b) List Store Name(s), Location(s), and reason for disqualification. \*

- ✓ Enter the date of the disqualification, the name and location of the disqualified store and the reason for disqualification in the additional fields.

4. Answer whether the business or any of its current owners, officers, or managers has been convicted of or had a civil judgment levied for any of the listed crimes in the last six (6) years.

✓ If you answer Yes, additional fields appear.

4. In the last six (6) years, has your business or any current business owners, officers or managers been convicted of or had a civil judgment for any of the following: Fraud, Anti-Trust Violations, Embezzlement, Theft, Forgery, Bribery, Falsification or Destruction of Records, Making False Statements, Receiving Stolen Property, Making False Claims or Obstruction of Justice? ☒ Yes ☐ No

If yes, please provide the following information: \*

a) An explanation with name(s) of person(s) convicted, their position in the company, their relationship to the owner, the crime committed and any other relevant information. \*

- ✓ Provide more details in the available field, including the name of the person convicted, the position that person held in the company, the relationship of that person to the owner, and the crime committed.

5. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Store Profile

The next sections of the application are specific to the store for which you are applying.

Please select Create/Update a New Application Bunker Hill Grocery

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✗ Integrity ✗ Store ✗ Contact ✗ Question ✗ Integrity

✗ Sales ✗ Inventory ✗ Hours ✗ Pricing Submit

### Store Profile

Save « Previous Next »

Store Name  \*

Other Registered DBAs

**Store Physical Address**

Address  \* Address2  Zip+Ext  \*

City  \* State  County

**Store Mailing Address**

Address  Address2  Zip+Ext

City  \* State  County

Store Telephone  \* Store Fax

☐ Check if same as physical address

Approximate total square footage of store (include storage space)  \*

Total number of cash registers in the store.  \*

Total number of cashiers.  \*

The store has cash registers capable of printing a receipt. \* ☐ Yes ☐ No

The store has cash registers with electronic barcode scanners. \* ☐ Yes ☐ No

The store will operate only at the Physical Address listed above. \* ☐ Yes ☐ No

4

1. Store Name
  - ✓ Information you entered on the Minimum Required Data screen comes forward and fills this field.
2. Other Registered DBAs
  - ✓ Enter any other Doing Business As names (if any) that the store goes by.
  - ✓ This field is optional.
3. Store Physical Address
  - ✓ Enter Street Address. Suite numbers or other types of additional addresses go in the Address 2 box.
  - ✓ Enter the Zip Code. The Zip Code triggers what fills in the City, State, and County fields. If more than one city shares a zip code, “-Please Select City”- displays in the box. The City dropdown list shows all the cities that share the zip code.
4. Store Mailing Address
  - ✓ Check the box labeled ‘**Check if same as physical address**’ if the store’s mailing address is the same as the physical address.
  - ✓ Otherwise, enter the address where the store receives postal service. Suite numbers or other types of additional addresses, if applicable, go in the Address 2 box.
  - ✓ Enter the Zip Code. Tabbing out of the Zip Code field triggers what fills in the City, State, and County fields. If more than one city shares a zip code, “-Please Select City”- displays in the box. The City dropdown list shows all the cities that share the zip code.
  - ✓ **This information is for the store location only. Do not enter the owner mailing address here.**

5. Store Telephone
  - ✓ Enter the store telephone number beginning with the area code.
6. Store Fax
  - ✓ Enter the store fax machine phone number beginning with the area code.
7. Approximate total square footage of store (include storage space)
  - ✓ To calculate square footage, multiply the length of the store space by the width.
8. Total number of cash registers in the store
  - ✓ Count the total number of registers in the store, even if they are only used occasionally or they are in different departments.
  - ✓ Include any registers in the garden area, the customer service counter, the deli, the pharmacy, coffee bar, etc., that are controlled by your business.
9. Total number of cashiers
  - ✓ Include all employees who work at cash registers, both full-time and part-time.
10. The applicant store has cash registers capable of printing a receipt.
  - ✓ Check **Yes** or **No**.
11. The applicant store has cash registers with electronic barcode scanners.
  - ✓ Check **Yes** or **No**.
  - ✓ Electronic barcode scanners read the uniform product code (UPC) on food items.
12. If you answer **Yes** regarding cash registers with electronic barcode scanners, the following question appears:
 

The store has cash registers with electronic barcode scanners. \*

Can the scanners identify WIC foods? \*

☒ Yes  
☐ No
13. If you answer **No** regarding cash registers with electronic barcode scanners, the following question appears:
 

The store has cash registers with electronic barcode scanners. \*

Is there any plan to install barcode scanners in the future? \*

☐ Yes      ☒ No  
☐ Yes      ☐ No
14. A **Yes** to the question regarding installing cash registers with electronic barcode scanners in the future enables a field for you to enter the date you anticipate that installation.
 

The store has cash registers with electronic barcode scanners. \*

Is there any plan to install barcode scanners in the future? \*

List the approximate date of installation. \*

☐ Yes      ☒ No  
☒ Yes      ☐ No
15. The applicant store will operate only at the physical address listed above.
  - ✓ Check **Yes** or **No**.
16. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Store Contact

List the contact information for the Store Manager, the Store Food Price Survey Contact, and the Store Checker Trainer.

Enter only one person for each of these Contact Type/Titles.

You can delete or change contacts.

Before You Start... ☒ Owner ☒ Contact ☒ Wholesaler ☒ Integrity ☒ Store ☒ **Contact** ☒ Question ☒ Integrity


☒ Sales ☒ Inventory ☒ Hours ☒ Pricing Submit

**Store Contact Information** « Previous Next »

Contact Type/Title	First Name	Last Name	Telephone	Email		
Store Manager					Save	Clear

Enter at least the store manager. Also enter a WIC price survey contact if different from the price survey contact listed for the owner contact tab.

\*When entering a Contact, you must click on the "Save" button to save the record.

1. Choose a Contact Type/Title from the dropdown list.
  1. Enter the First Name, Last Name, Telephone, and Email address. Pay close attention to providing a current and accurate email address, since email is our main form of communication with vendors.
  2. Click **Save** to add the entry and a new row below. (Click **Clear** if you want to clear the row and start over.)
-  Clicking **Save** changes the button choices at the end of the row to **Delete** and **Edit**.
3. Click the **Delete** button at the end of the row to remove all the information entered on that row.
  4. Click the **Edit** button at the end of the row to change any saved information on that row.
  5. Repeat to add each of your Store Contacts.
    - ✓ WIC collects and stores store information only on the three Contact Types listed.
    - ✓ List a contact person for WIC food price surveys even if it's the same person you listed as a price survey contact in the Owner section.
    - ✓ Be sure to click **Save** after each entry.
  6. Click **Next** to advance to the next screen.

## Store Questionnaire

Before You Start... ☒ Owner ☒ Contact ☒ Wholesaler ☒ Integrity ☒ Store ☒ Contact ☒ **Question** ☒ Integrity

☒ Sales ☒ Inventory ☒ Hours ☒ Pricing Submit

**Store Questionnaire** Save << Previous Next >>

1. Has your business purchased this store within the last twelve (12) months, or plans to purchase it in the next three (3) months? \* ☐ Yes ☐ No

2. Is this store currently open? \* ☐ Yes - operated by my business  
☐ Yes - operated by another business  
☐ No

3. Is this store currently authorized to accept WIC checks? \* ☐ Yes ☐ No

4. Provide the date, or estimated date, this store opened (will open) under the applicant's ownership: \*

5. Does your business have a current SNAP (Food Stamps) authorization number for the store? \* ☐ Yes ☐ No ☐ Applied For

6. Does your business have a current weighing and measuring device registration (scale license) for the store? \* ☐ Yes ☐ No ☐ Applied For

7. Does your business have a current food establishment permit for the store issued by the local health jurisdiction as required by the WA State Department of Health? \* ☐ Yes ☐ No ☐ Applied For

1. Has your business purchased this store within the last twelve (12) months, or plans to purchase it in the next (3) months?
  - ✓ Check **Yes** or **No**.
  - ✓ Check **Yes** if this is a change of ownership application.
    - If you answer **Yes**, additional fields appear for you to enter the date the sale is anticipated to close and the previous store name, if different.

**Store Questionnaire** Save << Previous Next >>

1. Has your business purchased this store within the last twelve (12) months, or plans to purchase it in the next three (3) months? \* ☒ Yes ☐ No

If yes, please provide the following information:

a) Effective Date of Sale: \*

b) List the previous store name(s): \*

2. Is this store currently open?
  - ✓ Check **Yes** (choosing whether it's currently owned/operated by your business or another business) or **No**.
3. Is this store currently authorized to accept WIC checks?
  - ✓ Check **Yes** or **No**.

4. Provide the date, or estimated date, this store opened (or will open) under your business's ownership.
  - ✓ Clicking in the date field opens a calendar so you can pick the date. (You can also just enter the date in the field.)



- ✓ Enter the date your business opened the store; even if that was some time ago.
  - ✓ If the store has not yet opened, enter the anticipated opening date.
5. Does your business have a current SNAP (Food Stamps) authorization number for the store?
    - ✓ Check **Yes** or **No** or **Applied For**. If you answer **Yes**, an additional field appears for you to enter your SNAP authorization number. This is a 7 digit number issued to your store by the USDA Food and Nutrition Service. Enter your SNAP authorization number.

5. Does your business have a current SNAP (Food Stamps) authorization number for the store? \*

☒ Yes ☐ No ☐ Applied For

If yes, please provide the SNAP (Food Stamps) authorization number: \*

- ✓ You must be actively participating in the SNAP program in order to be authorized as a WIC vendor.
6. Does your business have a current weighing and measuring device registration (scale license) for the store?
    - ✓ If your store sells products by weight, it must have a currently active scale license to be authorized as a WIC vendor. You can apply for a scale license with the WA State Business Licensing Service.
    - ✓ Check **Yes** or **No** or **Applied For**.
  7. Does your business have a current food establishment permit for the store issued by the local health jurisdiction as required by the WA State Department of Health?
    - ✓ Check **Yes** or **No** or **Applied For**.
  8. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen

## Store Business Integrity

Please select Create/Update a New Application Bunker Hill Grocery, 1776 Patriot Rd, SEATTLE

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✗ Integrity	✗ Store	✓ Contact	✓ Question	✗ Integrity
✗ Sales	✗ Inventory	✗ Hours	✗ Pricing	Submit				

**Store Business Integrity** Save << Previous Next >>

- Has the store been disqualified from Washington WIC or any other state(s) WIC program in the past? \*  
☐ Yes Answer ☐ No Required
- Is the store currently disqualified from SNAP (Food Stamps)? \*  
☐ Yes Answer ☐ No Required
- Has the store ever been assessed a Civil Money Penalty from SNAP (Food Stamps) in the past, instead of disqualification? \*  
☐ Yes Answer ☐ No Required
- Is the store currently in compliance with the [Americans with Disabilities Act \(ADA\)](#)? \*  
☐ Yes Answer ☐ No Required

1. Has the store been disqualified from Washington WIC or any other state(s) WIC Program in the past?

✓ Check **Yes** or **No**.

✓ If you answer **Yes**, additional fields appear for you to provide the date of the disqualification, which state issued the disqualification, and the reason for the disqualification.

1. Has the store been disqualified from Washington WIC or any other state(s) WIC program in the past? \* ☒ Yes ☐ No
- If yes, please provide the following information:
- a) List date of disqualification: \*
- b) State(s) where disqualification occurred: \*
- c) Explanation of circumstances: \*

2. Is the store currently disqualified from SNAP (Food Stamps)?

✓ Check **Yes** or **No**.

✓ If you answer **Yes**, additional fields appear for you to provide the date of and the reason for the disqualification.

2. Is the store currently disqualified from SNAP (Food Stamps)? \* ☒ Yes ☐ No
- If yes, please provide the following information:
- a) List date of disqualification: \*
- b) Explanation of circumstances: \*

3. Has the store ever been assessed a civil money penalty from SNAP (Food Stamps) in the past, instead of disqualification?

✓ Check **Yes** or **No**.

✓ If you answer **Yes**, additional fields appear for you to provide the date of and why the civil money penalty was imposed.

3. Has the store ever been assessed a civil money penalty from SNAP (Food Stamps) in the past, instead of disqualification? \* ☒ Yes ☐ No
- If yes, please provide the following information:
- a) List date of penalty: \*
- b) Explanation of circumstances: \*

4. Is the store currently in compliance with the Americans with Disabilities Act (ADA)?

✓ Check **Yes** or **No**.

5. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.



## Store Sales

1. Is this an existing store and is it operational?  
✓ The answer defaults to **Yes** and displays the screen below.

Please select Create/Update a New Application Bunker Hill Grocery, 1776 Patriot Rd, SEATTLE

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✗ Integrity ✗ Store ✓ Contact ✓ Question ✗ Integrity

✗ Sales ✗ Inventory ✗ Hours ✗ Pricing Submit

**Store Sales** Save « Previous Next »

1. Is this an existing store and is it operational? ☒ Yes ☐ No

**EXISTING STORE: Monthly Food Sales History**

List the store's sales history for the most recent six-month period:

Month/Year	Gross Sales	Tax Exempt Sales	SNAP Sales

\*Gross and Exempt Sales should match the data reported to the WA State Dept. of Revenue.  
\*SNAP Sales should match the data you reported to the Supplemental Nutrition Assistance Program.  
\*Use actual figures, not estimates.

2. Does the store expect to receive more than 50% of its annual food sales revenue from the sale of WIC foods with WIC checks? (Exclude sales revenue from fresh fruits and vegetables purchased with WIC fruits and vegetables checks.)\* ☐ Yes ☐ No

- ✓ **Existing/Operational Stores:** Enter your store's sales history for the most recent six months. Use the Calendar Picker to select the month and year for the first month. (You can also just enter the date in the field.)

May 2014

Done Clear Cancel

Pick a month at least six (6) months in the past because the rest of the month/year fields auto-populate with months and years going forward six (6) months.  
Click **Done**.

Month/Year
05-2014
06-2014
07-2014
08-2014
09-2014
10-2014

If your store has been operating less than six months, and you enter the first month it opened, you will get only the number of months from that time to present.

Month/Year
08-2014
09-2014
10-2014

- ✓ You can get both gross sales and tax exempt sales information from the forms you file with the WA State Department of Revenue.
- ✓ Tax exempt sales are all untaxed food sales reported to the WA State Department of Revenue.
- ✓ The SNAP Sales should reflect the data collected by United States Department of Agriculture (USDA) Food and Nutrition Service (FNS).

**This screen appears** if you change the answer to question number 1 to **No**.

? Store Sales	Save	« Previous	Next »								
<p>1. Is this an existing store and is it operational? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p><b>NEW STORE: Estimated Food Sales for 12 Months</b></p> <p>List the store's expected sales for the twelve-month period following authorization, as if WIC authorization were granted (estimates are OK):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Month/Year</th> <th style="width: 30%;">Gross Sales</th> <th style="width: 30%;">Tax Exempt Sales</th> <th style="width: 25%;">SNAP Sales</th> </tr> </thead> <tbody> <tr> <td>10-2014</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Month/Year	Gross Sales	Tax Exempt Sales	SNAP Sales	10-2014				<p>2. Does the store expect to receive more than 50% of its annual food sales revenue from the sale of WIC foods with WIC checks? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><small>(Exclude sales revenue from fresh fruits and vegetables purchased with WIC fruits and vegetables checks.) *</small></p>		
Month/Year	Gross Sales	Tax Exempt Sales	SNAP Sales								
10-2014											

**New Store:** Enter your estimated food sales for the next 12 months.

- ✓ There is only one row to complete.
  - ✓ The Month/Year defaults to the previous calendar month/year.
  - ✓ Give an annual estimate for each of the columns.
2. Does the store expect to receive more than 50% of its annual food sales revenue from the sale of WIC foods with WIC checks?
- ✓ Check **Yes** or **No**.
  - ✓ Exclude sales revenue from fresh fruit and vegetables purchased with WIC fruit and vegetable checks.
3. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Store Inventory

Stocking WIC Approved foods and other items are selection criteria a store must meet to be considered for WIC authorization. Each store must continuously comply with the selection criteria to remain authorized.

Before You Start: ☒ Owner ☒ Contact ☒ Wholesaler ☒ Integrity ☒ Store ☒ Contact ☒ Question ☒ Integrity

☒ Sales ☒ **Inventory** ☒ Hours ☒ Pricing

**Store Inventory Information**

1. Does the store meet the WIC Approved Foods Minimum Inventory Requirements? [\(Click for definition\)](#) \* ☐ Yes ☐ No

2. Does the store meet the WIC Definitions of a full-line grocery store? [\(Click for definition\)](#) \* ☐ Yes ☐ No

3. Does the store carry, on a continuous basis, multiple varieties of the following?

Canned Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frozen Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dairy Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Meat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frozen Meat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Seafood	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frozen Seafood	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Poultry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frozen Poultry	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Fruits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Vegetables	<input type="checkbox"/> Yes <input type="checkbox"/> No	Juices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bakery Goods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dried Grains & Beans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Baby Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Household Cleaners	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Healthcare Products	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Select 'Yes' or 'No' to all varieties

- Does the store meet the WIC approved foods minimum inventory requirements?
  - ✓ Check **Yes** or **No**.
  - ✓ Click the link “(Click for definition)” or refer to <http://www.doh.wa.gov> for specific information regarding which foods in what quantities are required to meet this criterion.
  - ✓ The document opens in a separate screen.
- Does the store meet the WA WIC definition of a full-line grocery store?
  - ✓ Check **Yes** or **No**.
  - ✓ Click the link “(Click for definition)” or refer to Washington Administrative Code (WAC) 246-790-077(5) to see the new rules, effective in mid-November 2014, which provide what quantities and varieties of a given product category a store needs to stock on a continuous basis to be considered a full-line grocery store. These requirements are in addition to the WIC Approved Foods Minimum Inventory requirements and include many product categories that are not WIC approved.
- Does the store carry, on a continuous basis, multiple varieties of the following?
  - ✓ Check **Yes** or **No** for each of the categories listed. Check **Yes only** if you have at least the quantities and varieties of items required in the new full –line grocery store definition. Use the link in question 2 to access the new full-line grocery definition.
  - ✓ A WIC Specialist will verify your answers when they come to conduct the onsite pre-authorization visit. Be prepared to show proof of your responses.
- Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Store Hours of Operation

Please select Create/Update a New Application Bunker Hill Grocery, 1776 Patriot Rd, SEATTLE

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✗ Integrity ✗ Store ✓ Contact ✓ Question ✗ Integrity

✓ Sales ✓ Inventory ✓ Hours ✗ Pricing Submit

**? Store Hours of Operation** Save « Previous Next »

Is the store open 24 hours per day? ☐ Yes ☐ No

Is the store open seven (7) days per week? ☐ Yes ☐ No

	Begin Time	End Time
<input type="checkbox"/> Sunday		
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		

WIC needs to know when the store is open for business to ensure the clients have adequate opportunity to do their WIC shopping.

Knowing the hours of operation also helps WIC staff know when they can contact the store by phone or for onsite visits.

What the user sees on this screen depends on the way you answer the questions.

.....

'Yes' to both:

Is the store open 24 hours a day?

Is the store open seven (7) days a week?

✓ Days and times representing 24 hours per day, 7 days per week auto-fill the table.

**? Store Hours of Operation** Save « Previous Next »

Is store open 24 hours a day? ☒ Yes ☐ No

Is store open for seven(7) days a week? ☒ Yes ☐ No

	Begin Date	End Date
<input checked="" type="checkbox"/> Sunday	12:00am	11:59pm
<input checked="" type="checkbox"/> Monday	12:00am	11:59pm
<input checked="" type="checkbox"/> Tuesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Wednesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Thursday	12:00am	11:59pm
<input checked="" type="checkbox"/> Friday	12:00am	11:59pm
<input checked="" type="checkbox"/> Saturday	12:00am	11:59pm

.....

'No' to:

Is the store open 24 hours a day?

✓ A 'No' to this question enables the follow up question - Are the store hours the same each day?

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☐ Yes ☐ No

✓ A 'Yes' to the follow up question enables a statement for the user to complete -

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☒ Yes ☐ No

Each day the store is open from  to

✓ Enter the Begin Time and End Time in the boxes. These fields are set up for a 12-hour clock. You need to enter zeroes before single digit hours and include am or pm.

Each day the store is open from  to

'Yes' to:

Is the store open seven (7) days a week?

✓ The table fills with the times entered above in each of the days of the week.

✓ Check marks fill the boxes in front of each day of the week.

Store Hours of Operation			Save	< Previous	Next >
Is the store open 24 hours per day?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Are the store hours the same each day?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Each day the store is open from <input type="text" value="05:00am"/> to <input type="text" value="11:59pm"/>					
Is the store open seven (7) days per week?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	Begin Time	End Time			
<input checked="" type="checkbox"/> Sunday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Monday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Tuesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Wednesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Thursday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Friday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Saturday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			

.....

'No' to:

Is the store open 24 hours a day?

- ✓ A 'No' to this question enables the follow up question - Are the store hours the same each day?

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☐ Yes ☐ No

- ✓ A 'Yes' to the follow up question enables a statement for the user to complete -

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☒ Yes ☐ No

Each day the store is open from  to

- ✓ Enter the Begin Time and End Time in the boxes. These fields are set up for a 12-hour clock. You need to enter zeroes before single digit hours and include am or pm.

Each day the store is open from  to

'No' to:

Is the store open seven (7) days a week?

- ✓ Click in the boxes in front of each day of the week the store is open. The Begin Time and End Time fill with the times entered in the boxes above.

	Begin Time	End Time
<input type="checkbox"/> Sunday	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Monday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>
<input checked="" type="checkbox"/> Tuesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>
<input checked="" type="checkbox"/> Wednesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>
<input type="checkbox"/> Thursday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Friday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Saturday	<input type="text"/>	<input type="text"/>

.....

'Yes' to:

Is the store open 24 hours a day?

'No' to:

Is the store open seven (7) days a week?

- ✓ Click in the boxes in front of each day of the week the store is open. The Begin Time and End Time fill with the times representing 24 hours per day.

	Begin Date	End Date
<input type="checkbox"/> Sunday		
<input checked="" type="checkbox"/> Monday	12:00am	11:59pm
<input checked="" type="checkbox"/> Tuesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Wednesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Thursday	12:00am	11:59pm
<input checked="" type="checkbox"/> Friday	12:00am	11:59pm
<input checked="" type="checkbox"/> Saturday	12:00am	11:59pm

.....

## Pricing (Price Survey)

You must submit prices for certain WIC approved foods with your application. In addition, all stores must separately update their prices at least two times per year.

All prices for WIC approved food items must be competitive in comparison to similar types of stores.

A sample of items approved for purchase with WIC checks are listed on the Price Survey.

The Price Survey may occasionally target specific foods and not include all WIC approved foods.

Please select Create/Update a New Application Bunker Hill Grocery, 1776 Patriot Rd, SEATTLE

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✗ Integrity ✗ Store ✓ Contact ✓ Question ✗ Integrity

✓ Sales ✓ Inventory ✓ Hours ✗ Pricing Submit

**Price Survey** Save « Previous Next »

Instructions: Fill in the current regular shelf price of the WIC approved food item listed in the table below. Do not provide a temporary sale/promotion price. Do not fill in a price for products not in stock on the day you are completing this form.

Category	Item	Existing UPC	UPC (if different)	Highest Shelf Price
Similac Advance, powder, 12.4 oz	Similac Advance, powder, 12.4 oz	070074559582		
Similac NeoSure, powder, 13.1 oz	Similac NeoSure, powder, 13.1 oz	070074574318		
Similac Alimentum, powder, 16 oz	Similac Alimentum, powder, 16 oz	070074576640		
Enfamil EnfaCare, powder, 12.8 oz	Enfamil EnfaCare, powder, 12.8 oz	300870019448		
Nutramigen, powder, 12.6 oz	Nutramigen, powder, 12.6 oz	300870338013		
Good Start Gentle, powder, 12.7 oz	Good Start Gentle, powder, 12.7 oz			
Enfamil ProSobee, powder, 12.9 oz	Enfamil ProSobee, powder, 12.9 oz	300871214415		
Similac Advance, Ready-To-Feed, 1 qt	Similac Advance, Ready-To-Feed, 1qt			

1. If the WIC program has a UPC code for a food item, you will see it in the **Existing UPC** column. If WIC does not have a UPC number in the system, the field will be blank.
  - ✓ You cannot make changes in the Existing UPC column.
2. **(Optional)** If the UPC code you have for the same food item is different or if the **Existing UPC** field is blank and you have the UPC code, you can enter the UPC code in the **UPC (if different)** column. **It is not a requirement to enter UPC codes.**
  - ✓ UPC codes can vary in size but commonly consist of 12 numbers.
3. Enter your shelf prices in the **Highest Shelf Price** column.
  - ✓ Be sure to enter the decimal point.
  - ✓ You might not have every item on your shelves.
  - ✓ Give us the prices for the items you do have on your shelves.
  - ✓ The prices you submit should include items in every category required by the WIC Minimum Inventory Requirements.
  - ✓ Enter your everyday prices.
  - ✓ **Do not** enter temporary sale prices.
4. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.



## Statement of Application

Please select Create/Update a New Application Bunker Hill Grocery, 1776 Patriot Rd, SEATTLE

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✗ Integrity	✗ Store	✓ Contact	✓ Question	✗ Integrity
✓ Sales	✓ Inventory	✓ Hours	✓ Pricing	<b>Submit</b>				

### Statement of Application

[< Previous](#)

By signing this form:

I have reviewed and understand the Vendor Selection Criteria, the Minimum Inventory Requirements, and the Infant Formula Supplier requirements.

I understand completing and submitting this application form does not guarantee authorization to participate in the WIC Nutrition Program.

I understand the WIC Nutrition Program will not pay any WIC checks taken before the contract has been signed by both the contractor and the department.

I agree to train employees with responsibilities associated with the WIC Nutrition Program.

I understand the WIC Nutrition Program may terminate my authorization at any time if there is noncompliance by any employees.

I understand, if I give false information, the WIC Nutrition Program will deny or terminate authorization.

Should my application be denied, I understand, under the laws of the state of Washington, I must wait six months before submitting another application.

I confirm under penalty of perjury under the laws of the state of Washington that the information in this application is true and correct.

I have authority to request this authorization.

By checking this box, I agree to the above terms ☐

Legal Name

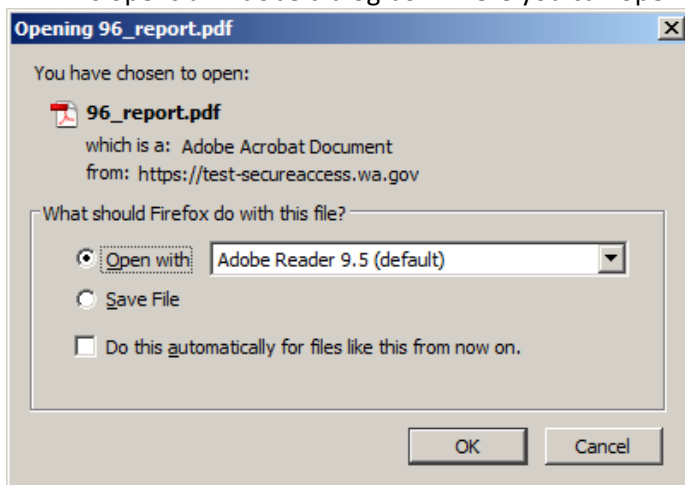
Signature

Signature Date 10/17/2014

[Print Application](#)

[Submit Application for Approval](#)

1. Read the statements on this page.
2. Check the box if you agree to the statements.
3. When you check the box, the Legal Name and Signature fields become enabled.
4. Complete the signature portion of the page.
  - ✓ Filling in both the Legal Name and Signature boxes with your name (since you securely logged in through the SAW interface) authenticates your “signature”.
  - ✓ The date is the current date.
5. If you want a copy of your application for your records, click **Print Application**.
  - ✓ This opens an Adobe dialog box where you can open the application to print or save.



- Click **OK**. The application in the format of the paper application opens in a separate window.

Washington State WIC Nutrition Program Owner & Retailer Application				
1. Name of Owner: Jim Bob's Stores, Inc.				
2. Legal Business Name:				
4. Business Telephone: (206) 222-2222		4. Alternate Business Telephone: N/A		
5. Business Fax: N/A		6. Business Email: jimbob@yahoo.com		
7. Employer Identification Number (EIN): 912222222		8. Owner Social Security Number:		
9. Unified Business Identifier (UBI): 601222222		10. Washington State Reseller Permit Number: A33333333		
11. Type of Business: <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Corporation <input type="checkbox"/> Military/Commissary <input type="checkbox"/> Partnership <input type="checkbox"/> Private Corporation <input type="checkbox"/> Tribal Owned Store <input type="checkbox"/> Limited Liability Company				
12. Address: 111 so 4th Ave		P.O.Box:	Suite:	
City: AUBURN		State: WA	Zip Code: 98002-0000	
13. Business Contact Information				
Title	Name	Telephone	Email	Sign Contacts?
Owner Business Partner	Jim Brown	(206) 222-2222	jimbob@yahoo.com	Y
14a. Wholesale food and infant formula supplier(s)				
Wholesaler Name	Wholesaler Address	Supplies Food	Supplies Formula	
Sample: Wholesaler Name	124 Minuteman Drive, Boise, ID, 98460-0000	Y	Y	

- Use the Adobe Reader functions to select your printer and **Print**.
- Close the Adobe Reader window and return to the Statement of Application screen.
- Make sure the agreement box is checked and the Legal Name and Signature fields are complete.
- Click **Submit Application for Approval** to send the completed application to the WIC Program.
  - ✓ If the **Submit Application for Approval** button is not enabled but the agreement box is checked and the Legal Name and Signature fields are complete, check the tabs along the top of the page.
  - ✓ All tabs must have green check marks in order for the **Submit Application for Approval** button to be enabled. If any tabs have a red x instead of a green check mark, click on that tab and provide the requested information. Then return to the **Submit Tab** to **Submit Application for Approval**.

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	✓ Question	✓ Integrity
✓ Sales	✓ Inventory	✓ Hours	✓ Pricing	<b>Submit</b>				

11. The Statement of Application confirmation displays.

- ✓ Your application status changes from “In Process” to “Pending”.
- ✓ While the application is in “Pending” status, the application is “locked” and you cannot make changes.
- ✓ This page gives you another opportunity to print the application. From this screen, you can return to the Home Page or continue working in the Retailer Management part of the Online Retailer Application.

The screenshot shows the 'WIC Online Retailer Application' interface. At the top is the Washington State Department of Health logo and the title 'WIC Online Retailer Application'. Below this is a navigation bar with links: Home, Retailer Management (highlighted), Farmer-Grower Management, Role Request, Reports, Contact Us, and Site Help. A dropdown menu shows 'Please select' with options 'Create/Update a New Application' and 'Bunker Hill Grocery - Tacoma, 2014 Pacific Ave'. Below the navigation bar is a progress bar with steps: 'Before You Start...' (grey), 'Owner' (green), 'Contact' (green), 'Wholesaler' (green), 'Integrity' (green), 'Store' (green), 'Contact' (green), 'Question' (green), and 'Integrity' (green). Below the progress bar is a row of buttons: 'Sales' (green), 'Inventory' (green), 'Hours' (green), 'Pricing' (green), and 'Submit' (grey). The main content area is titled 'Statement of Application' and contains the following text: 'Your application has been submitted!', 'Thank you for applying to participate in the Washington WIC Nutrition Program.', 'Your application has been successfully submitted and is pending approval from the WIC Retailer Staff.', 'You will be notified when your application has been processed.', and 'Please contact 800-841-1410 with questions or concerns.' At the bottom of the main content area are three buttons: 'Print for Your Records', 'Go to the Home Page', and 'Continue Working in Retailer Management'. A '« Previous' button is located at the top right of the main content area.

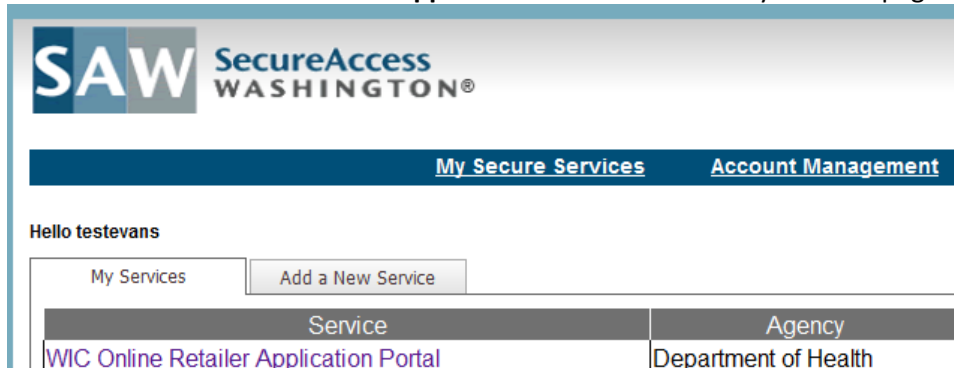
If you are going to be applying for WIC authorization for additional stores, you must have an approved Role in place to do so for each one. Please refer to the section of this guide on Role Requests.

## Role Request

A “role” is an electronic permission to work in the Online Retail Application Portal. You can create and complete your first application for a retailer before having your permissions confirmed (i.e., not having an approved role), but you must have an appropriate approved role for additional new applications, reauthorization applications, updates, and price surveys.

Use the Role Request function for getting ORAP permissions.

1. There are two ways to access the Online Retailer Application Portal. Either logon directly through SecureAccess Washington (SAW) (<https://secureaccess.wa.gov>) or link to the SecureAccess Washington login screen through the Department of Health website [WIC Retailer Resources](#).
2. If you have bookmarked the SAW website, find it in your Favorites.
3. Choose **WIC Online Retailer Application Portal** from the My Services page.



4. The Online Retailer Application Home Page opens.



- Choose Role Request from the Menu Bar or the **Access Now** link on the page.
- The Role Request screen opens. Your name, email address, phone number, and Role/Title appear in the User Information section of the screen as you entered it on the Service Registration screen.

(WA)

Washington State Department of Health

WIC Online Retailer Application

About | Log Off

Home | Retailer Management | **Role Request** | Reports | Contact Us | Site Help

### Role Request

Thank you for requesting access to the WA Department of Health WIC Online Retailer Application Process (ORAP).

To update your User Profile enter the appropriate User Information and click on the "Update Profile" button.

To enter a store registration request, click on the "Add Store Request" button.

User Profile	
First Name:	TEST
Last Name:	EVANS
Email Address:	SUSAN.EVANS@DOH.WA.GOV *
Phone Number:	(360) 236-3636 *
Role/Title:	WIC STAFF *

Update Profile Add Store Request

- Click **Add Store Request**. The screen expands to display the Store Information section.

Washington State Department of Health

WIC Online Retailer Application

Home | Retailer Management | Farmer-Grower Management | **Role Request** | Reports | Contact Us | Site Help

### Role Request

Thank you for requesting access to the WA Department of Health WIC Online Retailer Application Process (ORAP).

Please enter a registration request for each store for which you need access. You can enter additional registration requests by clicking on the "More Store Requests" button.

To assure proper account security, we will verify your access with your company's management. Please allow 2-3 business days for this approval to be granted.

Contact your WIC Specialist at 800-841-1410 for additional information.

User Profile	
First Name:	TEST
Last Name:	EVANS
Email Address:	SUSAN.EVANS@DOH.WA.GOV *
Phone Number:	(360) 236-3636 *
Role/Title:	WIC STAFF *

Store Information			
Store Name:	*	Store Zip Code:	*
Store Address:	*	Store State:	*
Store City:	*	Requested Role:	Administrator or Owner
Owner Contact Name:	*		
Owner Contact Phone Num:	*		
Enter Applicant Notes Here:			

Submit Request More Store Requests

8. Enter the name and address of the store for which you want access in the Online Retailer Application.

9. Enter the owner contact's name and phone number.



This is the person the state WIC staff will contact to confirm your request for access.

10. Choose the appropriate Requested Role from the drop down list.



The Administrator or Owner Role allows all ORAP permissions (new vendor applications, reauthorization applications, ownership changes, updates, and price surveys).

The Store Management Role allows all ORAP permissions except reauthorization applications.

The Food Pricing Role allows price surveys only.

11. If there are notes you would like to add for clarification or extra information, enter them in the Enter Applicant Notes Here field.

12. To request access for more than one store, click **More Store Requests** and complete the Store Information. Repeat for each store you want access for through the Online Retailer Application.

13. Click **Submit Request**.

14. The following message appears:

“Your request to access the WA WIC Online Application Process has been received and must be approved by your Company's Management.

Please allow up to 2-3 business days for this approval to be granted. Once granted, you will receive an email confirming this approval.

Please contact your WIC Specialist at 800-841-1410 for additional information.

Thank You!

The WA WIC Program Vendor Management Team.”

15. The state WIC staff process requests for Online Retailer Application Portal access and send you an email confirming access and permissions to the Online Retailer Application generally within two business days. **Do not proceed until you have confirmation that your requested role has been approved.**

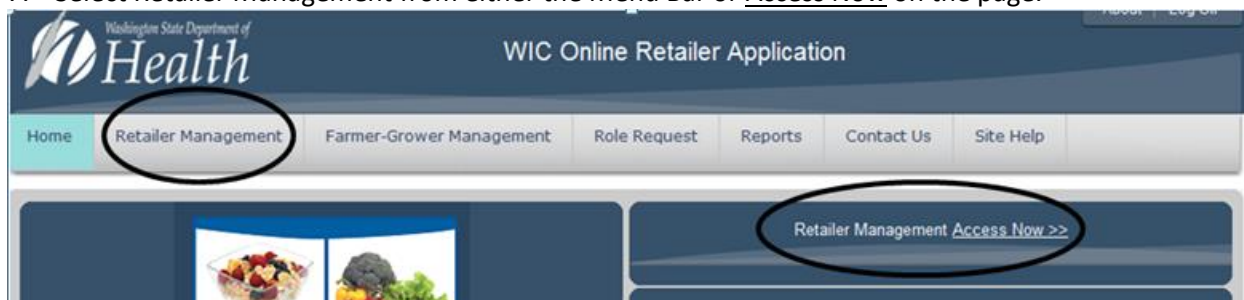
16. To access the Online Retailer Application, log on each time through the SAW website using your SAW logon and password.

## Existing Owner Applying for New Store

If a business already has WIC authorization for one or more of its stores and now wants to apply for a new store, it already has a file with the WIC Program and is considered an “existing” owner.

Some owner information, as it exists in the WIC MIS system, will display on the screens as you move through the application. You can change most of the displayed information if you need to.

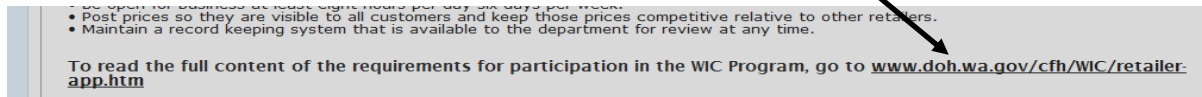
1. There are two ways to access the Online Retailer Application Portal. The user can either logon directly through SecureAccess Washington (SAW) (<https://secureaccess.wa.gov>) or get to the SecureAccess Washington login screen through the Department of Health website [WIC Retailer Resources](#).
2. If you have bookmarked the SecureAccess Washington website, find SecureAccess Washington in your Favorites.
3. In the User ID and Password boxes, enter your SAW user ID and password.
4. The **My Services** tab opens.
5. Select **WIC Online Retailer Application Portal**.
6. The WIC Online Retailer Application Home Page opens.
7. Select Retailer Management from either the Menu Bar or Access Now on the page.



8. Since you are applying for a new store, choose '**Create/Update a New Application**'. From the dropdown box labeled '**Please Select Vendor**', choose **New Vendor**.
9. The **Minimum Required Data** box opens asking for the name of the store for which you are applying. Enter the store name in the text field.
10. Click **Submit**.

11. The **Minimum Required Data** box closes. Washington WIC Program Information - Selection Criteria is fully visible.

- ✓ Although you may have read this information more than once, take time to read this page.
- ✓ These criteria are important since your store's participation in the WIC Program is dependent on compliance with all the selection criteria all the time.
- ✓ To read the Selection Criteria in full, click the link on the page.



12. Click **Next** to advance to the next screen and begin the application.



## Existing Owner/New Store - Owner Profile

Please select Create/Update a New Application Bunker Hill Grocery - Tacoma

Before You Start... **Owner** Contact Wholesaler Integrity Store Contact Question Integrity

Sales Inventory Home Pricing Submit

### Owner's Profile

**Save** **< Previous** **Next >**

Legal Name of Owner (If Sole Proprietorship) First Name:  MI:  Last Name:

Company (Legal Business) Name

Telephone  Alternate Telephone  Business Fax

Business Email  Business Type Private Corporation

**Owner Physical Address**

Address  Address2  Zip+Ext

City SEATTLE State WA County KING

☐ Check if same as physical address

**Owner Mailing Address**

Address  Address2  Zip+Ext

City SEATTLE State WA County KING

Washington State Reseller's Permit Number

Employer Identification Number (EIN, not SSN)

Washington State Sales Tax Unified Business Identifier (UBI) Number

1. Information from the WIC Program database fills some or all of these fields.
  - ✓ Name of Owner (if Sole Proprietorship) **OR** Company (Legal Business) Name.
  - ✓ Telephone
  - ✓ Alternate Telephone
  - ✓ Business Fax
  - ✓ Business Email
  - ✓ Business Type
  - ✓ Owner Physical Address
  - ✓ Owner Mailing Address
  - ✓ Washington State Reseller's Permit Number
  - ✓ Employer Identification Number (EIN)
  - ✓ UBI number
2. Review this information. Enter new information if any of the prefilled fields are no longer correct. Pay close attention to providing a current and accurate email address, since email is our main form of communication with vendors.
3. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Existing Owner/New Store - Owner Contact

List **ALL** the “principals” or “governing persons” for the business. These contacts do not autopopulate from our database, so you’ll need to re-enter all your owner contacts, even if they haven’t changed.



Make sure to include at least one person who has authority to sign contracts.

**Most businesses should enter multiple contacts.** In addition to the “governing persons”, add any other person who you want to also designate as having contract signing authority. **Also add a Price Survey contact** and other miscellaneous contacts (training, contracting, compliance, etc.) as appropriate.

Types of Business Contacts (President, Sole Proprietor, LLC Managing Member, Other, etc.) are in the dropdown list in the Contact Type/Title menu. You can add, delete or change contacts.

Please select Create/Update a New Application Bunker Hill Grocery

Before You Start...	✓ Owner	<b>✗ Contact</b>	✗ Wholesaler	✗ Integrity	✗ Store	✗ Contact	✗ Question	✗ Integrity
✗ Sales	✗ Inventory	✗ Hours	✗ Pricing	Submit				

Business Contact Information

« Previous

Next »

Contact Type/Title	First Name	Last Name	Telephone	Email	Contract Signing Authority		
President					<input type="checkbox"/>	Save	Clear

Enter all governing persons (owners, principal corporate officers, partners, LLC managing members, etc.). Also enter anyone else who is designated to sign WIC contracts and a contact for food price surveys.

\*When entering a contact, you must click on the "Save" button to save the record.

1. Choose a Contact Type/Title from the dropdown menu. Choose “Other” if the person is not a “governing person” but you want to show they have WIC contract signing authority.
2. Enter the contact’s First Name, Last Name, Telephone, and Email address.
3. Click in the Contract Signing Authority box to indicate whether the person entered on that line has authority to sign contracts.
  - ✓ A check in the box means Yes.
  - ✓ Leave the box blank if No.
4. Click **Save** to add the entry which also adds a new row below. (Click **Clear** if you want to clear the row and start over.)



Clicking **Save** changes the button choices at the end of the row to **Delete** and **Edit**.

5. Once the row is saved, click the **Delete** button at the end of the row if you want to remove all the information entered on that row.
6. Click **Edit** if you need to change the information entered on the line after you have saved it.
7. Repeat to add each of your business contacts.
  - ✓ Be sure to add a price survey contact and click **Save** after each entry.
8. Click **Next** to advance you to the next screen.

## Existing Owner/New Store - Wholesaler

Before You Start... ☒ Owner ☒ Contact ☒ **Wholesaler** ☒ Integrity ☒ Store ☒ Contact ☒ Question ☒ Integrity

☒ Sales ☒ Inventory ☒ Hours ☒ Pricing

**Owner-Wholesaler Information** « Previous Next »

Wholesaler Name	Wholesaler Address	Wholesaler Phone	Formula	Food		
Unified Grocers, Inc. - Seattle	3301 South Norfolk, Seattle, WA, 98118-0000	(206) 762-2100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Delete	Edit
--Please Select Wholesaler--			<input type="checkbox"/>	<input type="checkbox"/>	Save	Clear

\*Copies of sales receipt(s)/invoice(s) from an approved Infant Formula Supplier will be required prior to WIC Authorization.  
[Click here on how to submit your invoice\(s\).](#)

\*\*When entering a wholesaler, you must click on the "Save" button to save the record.

- Information from the WIC Program database fills these fields
  - ✓ Wholesaler Name
  - ✓ Wholesaler Address
  - ✓ Wholesaler Phone
  - ✓ A check in one or both of the boxes (**Formula, Food**)
- Review this information.
- Click the **Delete** button at the end of the row if you want to remove all the information displayed on that row.
- Click **Edit** if you need to change the information displayed on that row.
- Use the blank row displayed to add a new wholesaler to your file. Clicking **Save** saves your information and adds another new row below. (Click **Clear** if you want to clear the row and start over.)
- Click the **Click here on how to submit your invoice(s)** link for directions how to send your invoices to a WIC Specialist.
  - ✓ It is a requirement to verify where you buy the food and infant formula you intend to sell to WIC clients.
  - ✓ Invoices must include the supplier name, the name of the store buying the products, food product name, quantity of each food product sold, unit price of each item, and the date of sale.
  - ✓ This window sometimes opens behind the application. If you do not see the directions for submitting your invoices, minimize the Online Retailer Application to make the directions visible.
- If the wholesaler you do business with is not listed in the dropdown list, choose **Other**. **Other** is found at the bottom of the dropdown list.

8. Selecting **Other** opens the **Enter Wholesaler Information** window where you can enter the information about the wholesaler you do business with.

The screenshot displays the 'WIC Online Retailer Application' interface. At the top, the Washington State Department of Health logo is on the left, and the application title is on the right. Below the header is a navigation bar with tabs: Home, Retailer Management (selected), Farmer-Grower Management, Role Request, Reports, Contact Us, and Site Help. A dropdown menu shows 'Please select' with options 'Create/Update a New Application' and 'Bunker Hill Grocery - Tumwater'. Below this is a row of status tabs: 'Before You Start...' (disabled), 'Owner' (checked), 'Contact' (disabled), 'Wholesaler' (disabled), 'Integrity' (disabled), 'Store' (disabled), 'Contact' (disabled), 'Question' (disabled), and 'Integrity' (disabled). A 'Submit' button is also present. The main content area shows a table with 'Wholesaler Name' and 'Other' selected. A modal window titled 'Enter Wholesaler Information' is open, containing fields for Wholesaler Name, Address, City, State, Zip, and Phone, all marked with red asterisks. There are checkboxes for 'Supplies Formula' and 'Supplies Food'. 'Save' and 'Cancel' buttons are at the bottom of the modal. To the right of the modal, there are 'Previous' and 'Next' buttons, and a 'Food' checkbox with 'Save' and 'Clear' buttons. A note at the bottom right says 'prior to WIC Authorization.'

9. Complete the fields on the **Enter Wholesaler Information** window. Click **Save**.
- ✓ The entered information displays in the Wholesaler Information table and can be edited or deleted the same as if you had chosen the wholesaler from the dropdown list.
  - ✓ Clicking **Edit** opens the **Enter Wholesaler Information** window again where you can make changes.
  - ✓ Adding a wholesaler through the **Enter Wholesaler Information** window does not guarantee the WIC Nutrition Program staff will approve use of the wholesaler.
10. Click **Next** to advance to the next screen.

## Existing Owner/New Store - Business Integrity

Please select Create/Update a New Application Bunker Hill Grocery - Tacoma

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	<b>✗ Integrity</b>	✗ Store	✗ Contact	✗ Question	✗ Integrity
✗ Sales	✗ Inventory	✗ Hours	✗ Pricing	Submit				

**Owner Business Integrity** **Save** **« Previous** **Next »**

- Does the business currently have a Commercial General Liability Insurance Policy? \* ☒ Yes ☐ No
- Has your business or any current business owners, officers or managers ever owned or been affiliated with a store disqualified from WIC in Washington or any other state? \* ☐ Yes ☐ No
- Has your business or its owners, officers or managers ever owned a store disqualified from the USDA Supplemental Nutrition Assistance Program (SNAP) in Washington or any other state? \* ☐ Yes ☐ No
- In the last six (6) years, has your business or any current business owners, officers or managers been convicted of or had a civil judgment for any of the following: Fraud, Anti-Trust Violations, Embezzlement, Theft, Forgery, Bribery, Falsification or Destruction of Records, Making False Statements, Receiving Stolen Property, Making False Claims or Obstruction of Justice? \* ☐ Yes ☐ No

1. Answer whether the business has a Commercial General Liability Insurance Policy in adequate quantity to protect against legal liability if it is sued for causing property damage or personal injury.
  - ✓ If you previously answered this question, the screen defaults to that answer.
  - ✓ The insurance must be for no less than \$1,000,000.00 per occurrence.
  - ✓ It must be issued by an insurance company authorized to do business within the state of Washington.

2. Answer whether the business or any of its current owners, officers, or managers has ever owned a store that was disqualified from WIC in any state, including Washington.
  - ✓ If you answer **Yes**, enter the date of the disqualification and the name and location of the disqualified store in the additional fields that appear.

2. Has your business or any current business owners, officers or managers ever owned or been affiliated with a store disqualified from WIC in Washington or any other state? \* ☒ Yes ☐ No

If yes, please provide the following information:

a) List date of disqualification: \*

b) List Store Name(s) and Location(s): \*

3. Answer whether the business or any of its current owners, officers, or managers has ever owned a store that was disqualified from the SNAP program in any state, including Washington.
  - ✓ If you answer **Yes**, enter the date of and the reason for the disqualification, and the name and location of the disqualified store in the additional fields that appear.

3. Has your business or its owners, officers or managers ever owned a store disqualified from the USDA Supplemental Nutrition Assistance Program (SNAP) in Washington or any other state? \* ☒ Yes ☐ No

If yes, please provide the following information:

a) List date of disqualification. \*

b) List Store Name(s), Location(s), and reason for disqualification. \*

4. Answer whether the business or any of its current owners, officers, or managers has been convicted of or had a civil judgment levied for any of the listed crimes in the last six (6) years.

✓ If you answer **Yes**, provide more details in the available fields, including the name of the person convicted, the position that person held in the company, the relationship of that person to the owner, and the crime committed in the additional fields that appear.

4. In the last six (6) years, has your business or any current business owners, officers or managers been convicted of or had a civil judgment for any of the following: Fraud, Anti-Trust Violations, Embezzlement, Theft, Forgery, Bribery, Falsification or Destruction of Records, Making False Statements, Receiving Stolen Property, Making False Claims or Obstruction of Justice? ☒ Yes ☐ No

If yes, please provide the following information: \*

a) An explanation with name(s) of person(s) convicted, their position in the company, their relationship to the owner, the crime committed and any other relevant information. \*

5. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Existing Owner/New Store - Store Profile

Please select Create/Update a New Application Bunker Hill Grocery

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✗ Integrity ✗ Store ✗ Contact ✗ Question ✗ Integrity

✗ Sales ✗ Inventory ✗ Hours ✗ Pricing Submit

### Store Profile

Store Name  \*

Other Registered DBAs

**Store Physical Address**

Address  \* Address2  Zip+Ext  \*

City  \* State  County

**Store Mailing Address**

Address  Address2  Zip+Ext

City  State  County

Store Telephone  \* Store Fax

☐ Check if same as physical address

Approximate total square footage of store (include storage space).  \*

Total number of cash registers in the store.  \*

Total number of cashiers.  \*

The store has cash registers capable of printing a receipt. \* ☐ Yes ☐ No

The store has cash registers with electronic barcode scanners. \* ☐ Yes ☐ No

The store will operate only at the Physical Address listed above. \* ☐ Yes ☐ No

4

1. Store Name
  - ✓ This is your "Doing Business As" (DBA) name.
  - ✓ This field populates from the information entered in the Minimum Data Required box at the beginning of the application.
2. Other Registered DBAs
  - ✓ Enter any other Doing Business As names (if any) that the store goes by.
  - ✓ This field is optional.
3. Store Physical Address
  - ✓ Enter Street Address. Suite numbers or other types of additional addresses go in the Address 2 box.
  - ✓ Enter the Zip Code. Tabbing out of the Zip Code field triggers what fills in the City, State, and County fields. If more than one city shares a zip code, "-Please Select City"- displays in the box. The City dropdown list shows all the cities that share the zip code.
4. Store Mailing Address
  - ✓ Check the box labeled '**Check if same as physical address**' if the store's mailing address is the same as the physical address.
  - ✓ Otherwise, enter the Mailing Address. Suite numbers or other types of additional addresses, if applicable, go in the Address 2 box.
  - ✓ Enter the Zip Code. Tabbing out of the Zip Code field triggers what fills in the City, State, and County fields. If more than one city shares a zip code, "-Please Select City"- displays in the box. The City dropdown list shows all the cities that share the zip code.
  - ✓ **This information is for the store location only. Do not enter the owner mailing address here.**

5. Store Telephone
  - ✓ Enter the store telephone number beginning with the area code.
6. Store Fax
  - ✓ Enter the store fax machine phone number beginning with the area code.
7. Approximate total square footage of store (include storage space)
  - ✓ To calculate square footage, multiply the length of the store space by the width.
8. Total number of cash registers in the store
  - ✓ Count the total number of registers in the store, even if they are only used occasionally or they are in different departments.
  - ✓ Include any registers in the garden area, the customer service counter, the deli, the pharmacy coffee bar, etc., that are controlled by your business.
9. Total number of cashiers
  - ✓ Include all personnel who work at cash registers, both full-time and part-time.
10. The applicant store has cash registers capable of printing a receipt.
  - ✓ Check **Yes** or **No**.
11. The applicant store has cash registers with electronic barcode scanners.
  - ✓ Check **Yes** or **No**.
  - ✓ Electronic barcode scanners read the uniform product code (UPC) on food items.
12. If you answer **Yes** regarding cash registers with electronic barcode scanners, the following question appears:
 

The applicant store has cash registers with electronic barcode scanners.

Can scanners identify WIC foods?

☒ Yes    ☐ No

☐ Yes    ☐ No
13. If you answer **No** regarding cash registers with electronic barcode scanners, the following question appears:
 

The applicant store has cash registers with electronic barcode scanners.

Is there any plan to install barcode scanner in future?

☐ Yes    ☒ No

☐ Yes    ☐ No
14. A **Yes** to the question regarding installing cash registers with electronic barcode scanners in the future enables a field for you to enter the date you anticipate that installation.
 

The applicant store has cash registers with electronic barcode scanners.

Is there any plan to install barcode scanner in future?

List the approximate date of installation.

☐ Yes    ☒ No

☒ Yes    ☐ No
15. The applicant store will operate only at the physical address listed above.
  - ✓ Check **Yes** or **No**.
16. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.



## Existing Owner/New Store - Store Contact

List the contact information for the Store Manager, the Store Food Price Survey contact, and the Store Checker Trainer.

Enter only one person for each of these Contact Type/Titles.

You can delete or change contacts.

1. Choose a Contact Type/Title from the dropdown list.
2. Enter the First Name, Last Name, Telephone, and Email address.
  - ✓ The email address does not populate from the WIC MIS system.
  - ✓ By having to enter your email each time, you can be sure that WIC has your most current email address.
3. Click **Save** to add the entry to your file and a new row below. (Click **Clear** if you want to clear the row and start over.)



Clicking **Save** changes the button choices at the end of the row to **Delete** and **Edit**.

4. Click the **Delete** button at the end of the row to remove all the information entered on that row.
5. Click the **Edit** button at the end of the row to change any saved information on that row.
6. Repeat to add each of your Store Contacts.
  - ✓ WIC collects and stores store information only on the three Contact Types listed.
  - ✓ List a contact person for WIC food price surveys even if it's the same person you listed as the price survey contact in the Owner section.
  - ✓ Be sure to click **Save** after each entry.
7. Click **Next** to advance to the next screen.

## Existing Owner/New Store - Store Questionnaire

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	<b>✗ Question</b>	✗ Integrity
✗ Sales	✗ Inventory	✗ Hours	✗ Pricing	Submit				

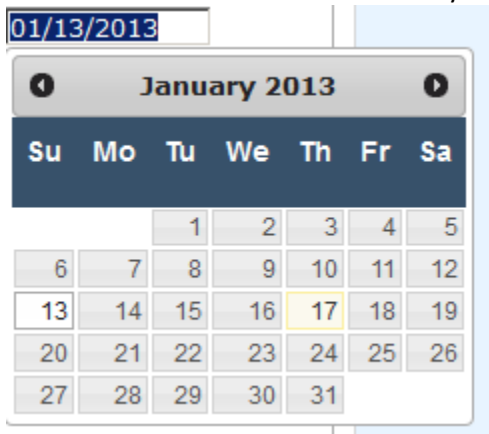
Store Questionnaire		Save	« Previous	Next »
1. Has your business purchased this store within the last twelve (12) months, or plans to purchase it in the next three (3) months? *	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Is this store currently open? *	<input type="checkbox"/> Yes - operated by my business <input type="checkbox"/> Yes - operated by another business <input type="checkbox"/> No			
3. Is this store currently authorized to accept WIC checks? *	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Provide the date, or estimated date, this store opened (will open) under the applicant's ownership: *	<input type="text"/>			
5. Does your business have a current SNAP (Food Stamps) authorization number for the store? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied For			
6. Does your business have a current weighing and measuring device registration (scale license) for the store? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied For			
7. Does your business have a current food establishment permit for the store issued by the local health jurisdiction as required by the WA State Department of Health? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applied For			

- Has your business purchased this store within the last twelve (12) months, or plans to purchase it in the next (3) months?
  - ✓ Check **Yes** or **No**.
  - ✓ Check **Yes** if this is a change of ownership application.
    - If you answer **Yes**, additional fields appear for you to enter the date the sale is anticipated to close and the previous store name, if different.

Store Questionnaire		Save	« Previous	Next »
1. Has your business purchased this store within the last twelve (12) months, or plans to purchase it in the next three (3) months? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the following information:				
a) Effective Date of Sale: *	<input type="text"/>			
b) List the previous store name(s): *	<input type="text"/>			

- Is this store currently open?
  - ✓ Check **Yes** (choosing whether it's currently owned/operated by your business or another business) or **No**.
- Is this store currently authorized to accept WIC checks?
  - ✓ Check **Yes** or **No**.

4. Provide the date, or estimated date, this store opened (or will open) under your business's ownership.
  - ✓ Clicking in the date field opens a calendar so you can pick the date. (You can also just enter the date in the date field.)
  - ✓ Enter the date your business opened the store; even if that was some time ago.
  - ✓ If the store has not yet opened, enter the anticipated opening date.
  - ✓ You can move month to month by using the arrows on the Calendar Picker.



5. Does your business have a current SNAP (Food Stamps) authorization number for the store?
  - ✓ Check **Yes** or **No** or **Applied For**. If you answer **Yes**, an additional field appears for you to enter your SNAP authorization number. This is a 7 digit number issued to your store by the USDA Food and Nutrition Service. Enter your SNAP authorization number.

5. Does your business have a current SNAP (Food Stamps) authorization number for the store? \*

☒ Yes ☐ No ☐ Applied For

If yes, please provide the SNAP (Food Stamps) authorization number: \*

- ✓ You must be actively participating in the SNAP program in order to apply to participate in WIC.
6. Does your business have a current weighing and measuring device registration (scale license) for the store?
    - ✓ If your store sells products by weight, it must have a currently active scale license to be authorized as a WIC vendor. You can apply for a scale license with the WA State Business Licensing Service.
    - ✓ Check **Yes** or **No** or **Applied For**.
  7. Does your business have a current food establishment permit for the store issued by the local health jurisdiction as required by the WA State Department of Health?
    - ✓ Check **Yes** or **No** or **Applied For**.
  8. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen

## Existing Owner/New Store - Store Business Integrity

Please select Create/Update a New Application Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	✓ Question	✗ Integrity
✗ Sales	✗ Inventory	✗ Hours	✗ Pricing	Submit				

Store Business Integrity

Save < Previous Next >

1. Has the store been disqualified from Washington WIC or any other state(s) WIC program in the past? \*

☐ Yes ☐ No

2. Is the store currently disqualified from SNAP (Food Stamps)? \*

☐ Yes ☐ No

3. Has the store ever been assessed a Civil Money Penalty from SNAP (Food Stamps) in the past, instead of disqualification? \*

☐ Yes ☐ No

4. Is the store currently in compliance with the [Americans with Disabilities Act \(ADA\)](#)? \*

☐ Yes ☐ No

1. Has the store been disqualified from Washington WIC or any other state(s) WIC Program in the past?

✓ Check **Yes** or **No**.

✓ If you answer **Yes**, additional fields appear for you to provide the date of the disqualification, which state issued the disqualification, and the reason for the disqualification.

1. Has the store been disqualified from Washington WIC or any other state(s) WIC program in the past? \* ☒ Yes ☐ No

If yes, please provide the following information:

- a) List date of disqualification: \*
- b) State(s) where disqualification occurred: \*
- c) Explanation of circumstances: \*

2. Is the store currently disqualified from SNAP (Food Stamps)?

✓ Check **Yes** or **No**.

✓ If you answer **Yes**, additional fields appear for you to provide the date of and the reason for the disqualification.

2. Is the store currently disqualified from SNAP (Food Stamps)? \* ☒ Yes ☐ No

If yes, please provide the following information:

- a) List date of disqualification: \*
- b) Explanation of circumstances: \*

3. Has the store ever been assessed a civil money penalty from SNAP (Food Stamps) in the past, instead of disqualification?

✓ Check **Yes** or **No**.

✓ If you answer **Yes**, additional fields appear for you to provide the date of and why the civil money penalty was imposed.

3. Has the store ever been assessed a civil money penalty from SNAP (Food Stamps) in the past, instead of disqualification? \* ☒ Yes ☐ No

If yes, please provide the following information:

- a) List date of penalty: \*
- b) Explanation of circumstances: \*

4. Is the store currently in compliance with the Americans with Disabilities act (ADA)?

✓ Check **Yes** or **No**.

5. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Existing Owner/New Store - Store Sales

### 1. Is this an existing store and is it operational?

- ✓ The answer defaults to **Yes** with the **Existing Store** screen displayed.

Please select Create/Update a New Application Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✓ Integrity ✓ Store ✓ Contact ✓ Question ✗ Integrity

✗ Sales ✗ Inventory ✗ Hours ✗ Pricing Submit

**Store Sales** Save « Previous Next »

1. Is this an existing store and is it operational? ☒ Yes ☐ No

**EXISTING STORE: Monthly Food Sales History**

List the store's sales history for the most recent six-month period:

Month/Year	Gross Sales	Tax Exempt Sales	SNAP Sales

\*Gross and Exempt Sales should match the data reported to the WA State Dept. of Revenue.  
\*SNAP Sales should match the data recorded by the Supplemental Nutrition Assistance Program.  
\*Use actual figures, not estimates.

2. Does the store expect to receive more than 50% of its annual food sales revenue from the sale of WIC foods with WIC checks? ☐ Yes ☐ No  
(Exclude sales revenue from fresh fruits and vegetables purchased with WIC fruits and vegetables checks.) \*

- ✓ **Existing/Operational Stores:** Enter your store's sales history for the most recent six months. Use the Calendar Picker to select the month and year for the first month. (You can also just enter the date in the field.)

Calendar Picker showing May 2014. Buttons: Done, Clear, Cancel.

Pick a month at least six (6) months in the past because the rest of the month/year fields auto-populate with months and years going forward six (6) months.

Click **Done**.

Month/Year
05-2014
06-2014
07-2014
08-2014
09-2014
10-2014

If your store has been operating less than six months, and you enter the first month it opened, you will get only the number of months from that time to present.

Month/Year
08-2014
09-2014
10-2014

- ✓ You can get both gross sales and tax exempt sales information from the forms you file with the WA State Department of Revenue.
- ✓ Tax exempt sales are all untaxed food sales reported to the WA State Department of Revenue.
- ✓ The SNAP Sales should reflect the data collected by United States Department of Agriculture (USDA) Food and Nutrition Service (FNS).

**This screen appears** if you change the answer question number 1 to **No**.

? Store Sales	Save	« Previous	Next »								
<p>1. Is this an existing store and is it operational? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p><b>NEW STORE: Estimated Food Sales for 12 Months</b></p> <p>List the store's expected sales for the twelve-month period following authorization, as if WIC authorization were granted (estimates are OK):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Month/Year</th> <th style="width: 30%;">Gross Sales</th> <th style="width: 30%;">Tax Exempt Sales</th> <th style="width: 25%;">SNAP Sales</th> </tr> </thead> <tbody> <tr> <td>10-2014</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Month/Year	Gross Sales	Tax Exempt Sales	SNAP Sales	10-2014			
Month/Year	Gross Sales	Tax Exempt Sales	SNAP Sales								
10-2014											
<p>2. Does the store expect to receive more than 50% of its annual food sales revenue from the sale of WIC foods with WIC checks? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><small>(Exclude sales revenue from fresh fruits and vegetables purchased with WIC fruits and vegetables checks.) *</small></p>											

**New Store:** Enter your estimated food sales for the next 12 months.

- ✓ There is only one row to complete.
  - ✓ The Month/Year defaults to the previous calendar month/year.
  - ✓ Give an annual estimate for each of the columns.
2. Does the store expect to receive more than 50% of its annual food sales revenue from the sale of WIC foods with WIC checks?
- ✓ Check **Yes** or **No**.
  - ✓ Exclude sales revenue from fresh fruit and vegetables purchased with WIC Fruit & Vegetable checks.
3. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Existing Owner/New Store - Store Inventory

Stocking WIC Approved foods and other items are selection criteria a store must meet to be considered for WIC authorization. Each store must continuously comply with the selection criteria to remain authorized.

Please select Create/Update a New Application Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	✓ Question	✗ Integrity
✓ Sales	✗ <b>Inventory</b>	✗ Hours	✗ Pricing	Submit				

**Store Inventory Information** Save « Previous Next »

1. Does the store meet the WIC Approved Foods Minimum Inventory Requirements? ([Click for definition](#)) \* ☐ Yes ☐ No

2. Does the store meet the WIC Definitions of a full-line grocery store? ([Click for definition](#)) \* ☐ Yes ☐ No

3. Does the store carry, on a continuous basis, multiple varieties of the following?

Canned Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frozen Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dairy Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Meat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frozen Meat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Seafood	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frozen Seafood	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Poultry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frozen Poultry	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Fruits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Vegetables	<input type="checkbox"/> Yes <input type="checkbox"/> No	Juices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bakery Goods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dried Grains & Beans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Baby Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Household Cleaners	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Healthcare Products	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Select 'Yes' or 'No' to all varieties

- Does the store meet the WIC approved foods minimum inventory requirements?
  - ✓ Check **Yes** or **No**.
  - ✓ Click the link “([Click for definition](#))” or refer to <http://www.doh.wa.gov> for specific information regarding which foods in what quantities are required to meet this criterion.
  - ✓ The document opens in a separate screen.
- Does the store meet the WA WIC definition of a full-line grocery store?
  - ✓ Check **Yes** or **No**.
  - ✓ Click the link “([Click for definition](#))” or refer to Washington Administrative Code (WAC) 246-790-077(5) to see the new rules, effective in mid-November 2014, which provide what quantities and varieties of a given product category a store needs to stock on a continuous basis to be considered a full-line grocery store. These requirements are in addition to the WIC Approved Foods Minimum Inventory requirements and include many product categories that are not WIC approved.
- Does the store carry on a continuous basis, multiple varieties of the following?
  - ✓ Check **Yes** or **No** for each of the categories listed. Check **Yes only** if you have at least the quantities and varieties of items required in the new full –line grocery store definition. Use the link in question 2 to access the new full-line grocery definition.
  - ✓ A WIC Specialist will verify your answers when they come to conduct the onsite pre-authorization visit. Be prepared to show proof of your responses.
- Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Existing Owner/New Store - Store Hours of Operation

Please select Create/Update a New Application Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✓ Integrity ✓ Store ✓ Contact ✓ Question ✗ Integrity

✓ Sales ✓ Inventory ✗ Hours ✗ Pricing Submit

**? Store Hours of Operation** Save « Previous Next »

Is the store open 24 hours per day? ☐ Yes ☐ No

Is the store open seven (7) days per week? ☐ Yes ☐ No

	Begin Time	End Time
<input type="checkbox"/> Sunday		
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		

The Store Hours of Operation screen captures what hours and days of the week the store is open.

What the user sees depends on the combination of answers to the questions.

.....

'Yes' to:

Is the store open 24 hours a day?

Is the store open seven (7) days a week?

✓ Days and times representing 24 hours per day, 7 days per week auto-fill the table.

**? Store Hours of Operation** Save « Previous Next »

Is store open 24 hours a day? ☒ Yes ☐ No

Is store open for seven(7) days a week? ☒ Yes ☐ No

	Begin Date	End Date
<input checked="" type="checkbox"/> Sunday	12:00am	11:59pm
<input checked="" type="checkbox"/> Monday	12:00am	11:59pm
<input checked="" type="checkbox"/> Tuesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Wednesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Thursday	12:00am	11:59pm
<input checked="" type="checkbox"/> Friday	12:00am	11:59pm
<input checked="" type="checkbox"/> Saturday	12:00am	11:59pm

.....



'No' to:

Is the store open 24 hours a day?

- ✓ A 'No' to this question enables the follow up question - Are the store hours the same each day?

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☐ Yes ☐ No

- ✓ A 'Yes' to the follow up question enables a statement for the user to complete -

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☒ Yes ☐ No

Each day the store is open from  to

- ✓ Enter the Begin Time and End Time in the boxes. These fields are set up for a 12-hour clock. You need to enter zeroes before single digit hours and include am or pm.

Each day the store is open from  to

'Yes' to:

Is the store open seven (7) days a week?

- ✓ The table fills with the times entered above in each of the days of the week.
- ✓ Check marks fill the boxes in front of each day of the week.

Store Hours of Operation			Save	<< Previous	Next >>
Is the store open 24 hours per day?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are the store hours the same each day?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Each day the store is open from <input type="text" value="05:00am"/> to <input type="text" value="11:59pm"/>					
Is the store open seven (7) days per week?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Begin Time	End Time			
<input checked="" type="checkbox"/> Sunday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Monday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Tuesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Wednesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Thursday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Friday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Saturday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			

.....

'No' to:

Is the store open 24 hours a day?

- ✓ A 'No' to this question enables the follow up question - Are the store hours the same each day?

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☐ Yes ☐ No

- ✓ A 'Yes' to the follow up question enables a statement for the user to complete -

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☒ Yes ☐ No

Each day the store is open from  to

- ✓ Enter the Begin Time and End Time in the boxes. These fields are set up for a 12-hour clock. You need to enter zeroes before single digit hours and include am or pm.

Each day the store is open from  to

'No' to:

Is the store open seven (7) days a week?

- ✓ Click in the boxes in front of each day of the week the store is open. The Begin Time and End Time fill with the times entered in the boxes above.

	Begin Time	End Time
<input type="checkbox"/> Sunday	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Monday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>
<input checked="" type="checkbox"/> Tuesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>
<input checked="" type="checkbox"/> Wednesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>
<input type="checkbox"/> Thursday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Friday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Saturday	<input type="text"/>	<input type="text"/>

.....

'Yes' to:

Is the store open 24 hours a day?

'No' to:

Is the store open seven (7) days a week?

- ✓ Click in the boxes in front of each day of the week the store is open. The Begin Time and End Time fill with the times representing 24 hours per day.

	Begin Date	End Date
<input type="checkbox"/> Sunday		
<input checked="" type="checkbox"/> Monday	12:00am	11:59pm
<input checked="" type="checkbox"/> Tuesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Wednesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Thursday	12:00am	11:59pm
<input checked="" type="checkbox"/> Friday	12:00am	11:59pm
<input checked="" type="checkbox"/> Saturday	12:00am	11:59pm

Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Existing Owner/New Store – Pricing (Price Survey)

You must submit prices for certain WIC approved foods with your application. In addition, all stores must separately update their prices at least two times per year.

All prices for WIC approved food items must be competitive in comparison to similar types of stores.

A sample of items approved for purchase with WIC checks are listed on the Price Survey.

The Price Survey may occasionally target specific foods and not include all WIC approved foods.

Please select Create/Update a New Application Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	✓ Question	✗ Integrity
✓ Sales	✓ Inventory	✓ Hours	✗ Pricing	Submit				

**Price Survey** Save « Previous Next »

Instructions: Fill in the current regular shelf price of the WIC approved food item listed in the table below. Do not provide a temporary sale/promotion price. Do not fill in a price for products not in stock on the day you are completing this form.

Category	Item	Existing UPC	UPC (if different)	Highest Shelf Price
Similac Advance, powder, 12.4 oz	Similac Advance, powder, 12.4 oz	070074559582		
Similac NeoSure, powder, 13.1 oz	Similac NeoSure, powder, 13.1 oz	070074574318		
Similac Alimentum, powder, 16 oz	Similac Alimentum, powder, 16 oz	070074576640		
Enfamil EnfaCare, powder, 12.8 oz	Enfamil EnfaCare, powder, 12.8 oz	300870019448		
Nutramigen, powder, 12.6 oz	Nutramigen, powder, 12.6 oz	300870338013		
Good Start Gentle, powder, 12.7 oz	Good Start Gentle, powder, 12.7 oz			

1. If the WIC program has a UPC code for a food item, you will see it in the **Existing UPC** column. If WIC does not have a UPC number in the system, the field will be blank.
  - ✓ You cannot make changes in this column.
2. **(Optional)** If the UPC code you have for the same food item is different or if the **Existing UPC** field is blank and you have the UPC code, you can enter the UPC code in the **UPC (if different)** column. **It is not a requirement to enter UPC codes.**
  - ✓ UPC codes can vary in size but commonly consist of 12 numbers.
3. Enter your shelf prices in the **Highest Shelf Price** column.
  - ✓ Be sure to enter the decimal point.
  - ✓ You might not have every item on your shelves.
  - ✓ Give us the prices for the items you do have on your shelves.
  - ✓ The prices you submit should include items in every category required by the WIC Minimum Inventory Requirements.
  - ✓ Enter your everyday prices.
  - ✓ **Do not** enter temporary sales prices.
4. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Existing Owner/New Store - Statement of Application

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✓ Integrity ✓ Store ✓ Contact ✓ Question ✗ Integrity

✓ Sales ✓ Inventory ✓ Hours ✓ Pricing **Submit**

**Statement of Application** << Previous

**By signing this form:**

I have reviewed and understand the Vendor Selection Criteria, the Minimum Inventory Requirements, and the Infant Formula Supplier requirements.

I understand completing and submitting this application form does not guarantee authorization to participate in the WIC Nutrition Program.

I understand the WIC Nutrition Program will not pay any WIC checks taken before the contract has been signed by both the contractor and the department.

I agree to train employees with responsibilities associated with the WIC Nutrition Program.

I understand the WIC Nutrition Program may terminate my authorization at any time if there is noncompliance by any employees.

I understand, if I give false information, the WIC Nutrition Program will deny or terminate authorization.

Should my application be denied, I understand, under the laws of the state of Washington, I must wait six months before submitting another application.

I confirm under penalty of perjury under the laws of the state of Washington that the information in this application is true and correct.

I have authority to request this authorization.

By checking this box, I agree to the above terms ☐

Legal Name

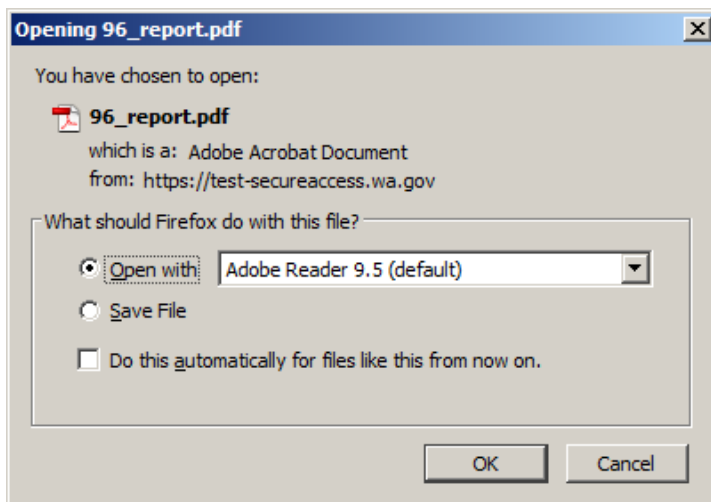
Signature

Signature Date 10/18/2014

Print Application

Submit Application for Approval

1. Read the statements on this page.
2. Check the box if you agree to the statements.
3. When you check the box, the Legal Name and Signature fields become enabled.
4. Complete the signature portion of the page.
  - ✓ Filling in both the Legal Name and Signature boxes with your name (since you securely logged in through the SAW interface) authenticates your “signature”.
  - ✓ The date is the current date.
5. If you want a copy of your application for your records, click **Print Application**.
  - ✓ This will open an Adobe dialog box where you can open the application to print or save.



6. Click **OK**. The application in the format of the paper application opens.

Washington State WIC Nutrition Program Owner & Retailer Application				
1. Name of Owner: Jim Bob's Stores, Inc.				
2. Legal Business Name:				
4. Business Telephone: (206) 222-2222		4. Alternate Business Telephone: N/A		
5. Business Fax: N/A		6. Business Email: jimbob@yahoo.com		
7. Employer Identification Number (EIN): 912222222		8. Owner Social Security Number:		
9. Unified Business Identifier (UBI): 601011111		10. Washington State Reseller Permit Number: A11111111		
11. Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Corporation <input type="checkbox"/> Military/Commissary <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Private Corporation <input type="checkbox"/> Tribal Owned Store <input type="checkbox"/> Limited Liability Company				
12. Address: 1202 South 65th		P.O.Box:		Suite:
City: LAKE CITY		State: WA		Zip Code: 98125-0000
13. Business Contact Information				
Title	Name	Telephone	Email	Sign Contacts?

7. Use the Adobe Reader functions to select your printer and **Print**.
8. Close the Adobe Reader window and return to the Statement of Application screen.
9. Make sure the agreement box is checked and the Legal Name and Signature fields are complete.
10. Click **Submit Application for Approval** to send the completed application to the WIC Program.
- ✓ If the **Submit Application for Approval** button is not enabled but the agreement box is checked and the Legal Name and Signature fields are complete, check the tabs along the top of the page.
  - ✓ All tabs must have green check marks for the **Submit Application for Approval** button to be enabled. If any tabs have a red x instead of a green check mark, click on that tab and provide the requested information. Then return to the **Submit Tab** to **Submit Application for Approval**.



11. The Statement of Application confirmation displays.

- ✓ Your application status changes from “In Process” to “Pending”.
- ✓ While the application is in “Pending” status, the application is “locked” and you cannot make changes.
- ✓ This page gives you another opportunity to print the application. From this screen, you can return to the Home Page or continue working in the Retailer Management part of the Online Retailer Application.

The screenshot shows the 'Statement of Application' confirmation page. At the top is the Washington State Department of Health logo and the title 'WIC Online Retailer Application'. A navigation bar includes links for Home, Retailer Management (active), Farmer-Grower Management, Role Request, Reports, Contact Us, and Site Help. Below the navigation bar, there are two dropdown menus: 'Please select Create/Update a New Application' and 'Bunker Hill Grocery - Tacoma, 2014 Pacific Ave'. A progress bar shows steps: Before You Start..., Owner, Contact, Wholesaler, Integrity, Store, Contact, Question, Integrity, Sales, Inventory, Hours, Pricing, and a Submit button. The main content area has a dark blue header 'Statement of Application' with a '« Previous' button. The text confirms the application has been submitted and is pending approval. At the bottom are three buttons: 'Print for Your Records', 'Go to the Home Page', and 'Continue Working in Retailer Management'.

Washington State Department of Health

## WIC Online Retailer Application

Home Retailer Management Farmer-Grower Management Role Request Reports Contact Us Site Help

Please select

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✓ Integrity ✓ Store ✓ Contact ✓ Question ✓ Integrity

✓ Sales ✓ Inventory ✓ Hours ✓ Pricing **Submit**

### Statement of Application

« Previous

**Your application has been submitted!**

Thank you for applying to participate in the Washington WIC Nutrition Program.

Your application has been successfully submitted and is pending approval from the WIC Retailer Staff.

You will be notified when your application has been processed.

Please contact 800-841-1410 with questions or concerns.

## Change of Ownership

If your business has acquired (or is acquiring) a store which was authorized for WIC, the WIC authorization DOES NOT transfer to the new owner. The new owner must apply for WIC authorization, meet all the Vendor Selection Criteria, and complete a contract with the Washington State Department of Health, before conducting any WIC transactions with customers.

If your business has no stores currently authorized for WIC in Washington State, and you have acquired (or are acquiring) a store which you want to be authorized for WIC, follow the directions for “Create/Update a New Application”.

If your business has at least one store currently authorized for WIC in Washington State, and you have acquired (or are acquiring) a store which you want to be authorized for WIC, follow the directions for “Existing Owner Applying for New Store”.



## Reauthorization

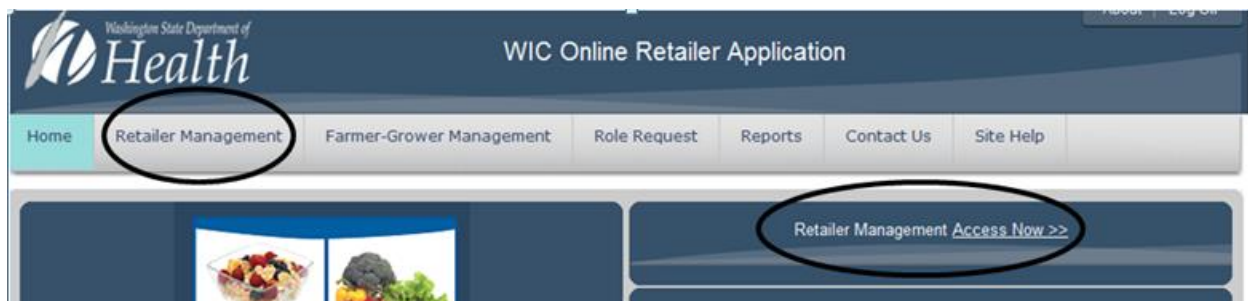
The WIC Nutrition Program contracts with vendors for a maximum three-year time period. All contracts expire at the same time. Vendors wanting to continue participating in the WIC Nutrition Program must reapply for each new contract period.

The process in which authorized retailers must apply to be considered, or reconsidered, for participation in the WIC Nutrition Program is called Reauthorization.

The application process for reauthorization through the Online Retailer Application (ORAP) is similar to a New Application regardless if the store is currently participating in the program. Very little existing information displays on the screen. This ensures the information submitted on the application is current.

### To apply during reauthorization:

1. There are two ways to access the Online Retailer Application Portal. The user can either logon directly through SecureAccess Washington (SAW) (<https://secureaccess.wa.gov>) or get to the SecureAccess Washington login screen through the Department of Health website [WIC Retailer Resources](#).
2. If you have bookmarked the SecureAccess Washington website, find SecureAccess Washington in your Favorites.
3. In the User ID and Password boxes, enter your SAW user ID and password.
4. The **My Services** tab opens.
5. Select **WIC Online Retailer Application Portal**.
6. The WIC Online Retailer Application Home Page opens.
7. Select Retailer Management from either the Menu Bar or [Access Now](#) on the page.



8. From the Please Select dropdown, choose **Re-Authorization**.

The screenshot shows a navigation bar with links: Home, Retailer Management (highlighted), Farmer-Grower Management, Role Request, Reports, Contact Us, and Site Help. Below the navigation bar, there are two dropdown menus. The first dropdown is labeled 'Please select' and has 'Re-Authorization' selected. A blue box with the number 8 points to this dropdown. The second dropdown is labeled '--Please Select Vendor--'.

9. From the dropdown box labeled '**Please Select Vendor**', choose the name of the store for which you are applying.
- ✓ You will need to complete this application process individually for each store for which you are requesting reauthorization.

The screenshot shows the same navigation bar as before. The first dropdown is still 'Re-Authorization'. The second dropdown is labeled '--Please Select Vendor--'. A blue box with the number 9 points to this dropdown.

10. The Washington WIC Program Information - Selection Criteria is always the first screen you see.
- ✓ Although you may have read this information more than once, take time to read this page.
  - ✓ It is important to keep these criteria in view since your store's participation in the WIC Program is dependent on compliance with all the selection criteria all the time.
  - ✓ To read the Selection Criteria in full, click the link on the page.

The screenshot shows a list of requirements for participation in the WIC Program. A black arrow points to a link that says: "To read the full content of the requirements for participation in the WIC Program, go to [www.doh.wa.gov/cfh/WIC/retailer-app.htm](http://www.doh.wa.gov/cfh/WIC/retailer-app.htm)".

11. Click **Next** to advance to the next screen.

## Reauthorization - Owner Profile

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	<b>Owner</b>	Contact	Wholesaler	Integrity	Store	Contact	Question	Integrity
Sales	Inventory	Hours	Pricing	Submit				

### Owner's Profile

**Save** **< Previous** **Next >**

Legal Name of Owner (If Sole Proprietorship) First Name:  MI:  Last Name:

Company (Legal Business) Name

Telephone  Alternate Telephone  Business Fax

Business Email  Business Type Private Corporation

**Owner Physical Address**

Address  Address2  Zip+Ext

City SEATTLE State WA County KING

☐ Check if same as physical address

**Owner Mailing Address**

Address  Address2  Zip+Ext

City SEATTLE State WA County KING

Washington State Reseller's Permit Number

Employer Identification Number (EIN, not SSN)

Washington State Sales Tax Unified Business Identifier (UBI) Number

1. Information from the WIC Program database fills some or all of these fields.
2. Review this information. Enter new information if any of the prefilled fields are no longer correct. Pay close attention to providing a current and accurate email address, since email is our main form of communication with vendors.
3. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Reauthorization - Owner Contact

List **ALL** the “principals” or “governing persons” for the business. These contacts do not autopopulate from our database, so you’ll need to re-enter all your owner contacts, even if they haven’t changed.



Make sure to include at least one person who has authority to sign contracts.

**Most businesses should enter multiple contacts.** In addition to the “governing persons”, add any other person who you want to also designate as having contract signing authority. **Also add a Price Survey contact** and other miscellaneous contacts (training, contracting, compliance, etc.) as appropriate.

Types of Business Contacts (President, Sole Proprietor, LLC Managing Member, Other, etc.) are in the dropdown list in the Contact Type/Title menu. You can add, delete or change contacts.

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	<b>✗ Contact</b>	✓ Wholesaler	✗ Integrity	✗ Store	✗ Contact	✗ Question	✗ Integrity
✗ Sales	✗ Inventory	✗ Hours	✗ Pricing	Submit				

Business Contact Information

« Previous

Next »

Contact Type/Title	First Name	Last Name	Telephone	Email	Contract Signing Authority		
President					<input type="checkbox"/>	Save	Clear

Enter all governing persons (owners, principal corporate officers, partners, LLC managing members, etc.). Also enter anyone else who is designated to sign WIC contracts and a contact for food price surveys.

\*When entering a contact, you must click on the "Save" button to save the record.

1. Choose a Contact Type/Title from the dropdown menu. Choose “Other” if the person is not a “governing person” but you want to show they have WIC contract signing authority.
2. Enter the contact’s First Name, Last Name, Telephone, and Email address.
3. Click in the Contract Signing Authority box to indicate whether the person entered on that line has authority to sign contracts.
  - ✓ A check in the box means Yes.
  - ✓ Leave the box blank if No.
4. Click **Save** to add the entry to your file which will also add a new row below. (Click **Clear** if you want to clear the row and start over.)



Clicking **Save** changes the button choices at the end of the row to **Delete** and **Edit**.

5. Once the row is saved, click the **Delete** button at the end of the row if you want to remove all the information entered on that row.
6. Click **Edit** if you need to change the information entered on the line after you have saved it.
7. Repeat to add each of your business contacts.
  - ✓ Be sure to add a price survey contact and click **Save** after each entry.
8. Click **Next** to advance to the next screen.

## Reauthorization - Wholesaler

Please select | Re-Authorization | Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start... ☒ Owner ☒ Contact ☒ **Wholesaler** ☒ Integrity ☒ Store ☒ Contact ☒ Question ☒ Integrity

☒ Sales ☒ Inventory ☒ Hours ☒ Pricing

**Owner-Wholesaler Information**  ☐ ☒ |  |  || --Please Select Wholesaler-- |  |  | ☐ | ☐ |  |  |

\*Copies of sales receipt(s)/invoice(s) from an approved Infant Formula Supplier will be required prior to WIC Authorization.  
[Click here on how to submit your invoice\(s\).](#)

\*\*When entering a wholesaler, you must click on the "Save" button to save the record.

- Information from the WIC program database fills these fields
  - ✓ Wholesaler name
  - ✓ Wholesaler Address
  - ✓ Wholesaler Phone
  - ✓ A check in one or both of the boxes (**Formula, Food**)
- Review this information.
- Click the **Delete** button at the end of the row if you want to remove all the information displayed on that row.
- Click **Edit** if you need to change the information displayed on that row.
- Use the blank row displayed to add a new wholesaler to your file. Clicking **Save** saves your information and adds another new row below. (Click **Clear** if you want to clear the row and start over.)
- Click the link **Click here on how to submit your invoice(s)** for directions how to send your invoices to a WIC Specialist.
  - ✓ It is a requirement to verify where you buy the food and infant formula you intend to sell to WIC clients.
  - ✓ Invoices must include the supplier name, the name of the store buying the products, food product name, quantity of each food product sold, unit price of each item, and the date of sale.
  - ✓ This window sometimes opens behind the application. If you do not see the directions for submitting your invoices, minimize the Online Retailer Application to make the directions visible.
- If the wholesaler you do business with is not listed in the dropdown list, choose **Other**. **Other** is found at the bottom of the dropdown list.

8. Selecting **Other** opens the **Enter Wholesaler Information** window where you can enter the information about the wholesaler you do business with.

The screenshot displays the 'WIC Online Retailer Application' interface. At the top, the Washington State Department of Health logo is visible. Below the logo, a navigation bar includes links for Home, Retailer Management, Farmer-Grower Management, Role Request, Reports, Contact Us, and Site Help. The 'Retailer Management' section is active, showing a dropdown menu for 'Please select' with 'Re-Authorization' chosen and a location dropdown for 'Bunker Hill Grocery - Tacoma, 2014 Pacific Ave'. Below this, a series of tabs represent different stages: 'Before You Start...', 'Owner', 'Contact', 'Wholesaler' (highlighted), 'Integrity', 'Store', 'Contact', 'Question', and 'Integrity'. A 'Submit' button is also present. The 'Enter Wholesaler Information' window is open, featuring a sidebar with 'Wholesaler Name' (Unified Grocers, Inc. - Seattle) and a dropdown menu with 'Other' selected. The main form contains fields for Wholesaler Name, Address, City, State, Zip, and Phone, each marked with an asterisk. There are also checkboxes for 'Supplies Formula' and 'Supplies Food'. At the bottom of the window are 'Save' and 'Cancel' buttons. To the right of the form, a table with columns for 'Food' and 'Delete'/'Edit' buttons is visible, along with 'Save' and 'Clear' buttons. A note at the bottom right states 'ior to WIC Authorization.'

9. Complete the fields on the **Enter Wholesaler Information** window. Click **Save**.
- ✓ The entered information displays in the Wholesaler Information table and can be edited or deleted the same as if you had chosen the wholesaler from the dropdown list.
  - ✓ Clicking **Edit** opens the **Enter Wholesaler Information** window again where you can make changes.
  - ✓ Adding a wholesaler through the **Enter Wholesaler Information** window does not guarantee the WIC Nutrition Program staff will approve use of the wholesaler.
10. Click **Next** to advance you to the next screen.

## Reauthorization - Business Integrity

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	<b>✗ Integrity</b>	✗ Store	✗ Contact	✗ Question	✗ Integrity
✗ Sales	✗ Inventory	✗ Hours	✗ Pricing	Submit				

**Owner Business Integrity** Save « Previous Next »

1. Does the business currently have a Commercial General Liability Insurance Policy? \* ☐ Yes ☐ No

2. Has your business or any current business owners, officers or managers ever owned or been affiliated with a store disqualified from WIC in Washington or any other state? \* ☐ Yes ☐ No

3. Has your business or its owners, officers or managers ever owned a store disqualified from the USDA Supplemental Nutrition Assistance Program (SNAP) in Washington or any other state? \* ☐ Yes ☐ No

4. In the last six (6) years, has your business or any current business owners, officers or managers been convicted of or had a civil judgment for any of the following: Fraud, Anti-Trust Violations, Embezzlement, Theft, Forgery, Bribery, Falsification or Destruction of Records, Making False Statements, Receiving Stolen Property, Making False Claims or Obstruction of Justice? \* ☐ Yes ☐ No

1. Answer whether the business has a Commercial Liability Insurance Policy adequate to protect against legal liability if you are sued for causing property damage or personal injury.

- ✓ The insurance must be for no less than \$1,000,000.00 per occurrence.
- ✓ It must be issued by an insurance company authorized to do business within the state of Washington.

2. Answer whether the business or any of its current owners, officers, or managers has ever owned a store that was disqualified from WIC in any state, including Washington.

- ✓ If you answer **Yes**, enter the date of the disqualification and the name and location of the disqualified store in the additional fields that appear.

2. Has your business or any current business owners, officers or managers ever owned or been affiliated with a store disqualified from WIC in Washington or any other state? \* ☒ Yes ☐ No

If yes, please provide the following information:

a) List date of disqualification: \*

b) List Store Name(s) and Location(s): \*

3. Answer whether the business or any of its current owners, officers, or managers has ever owned a store that was disqualified from the SNAP program in any state, including Washington.

- ✓ If you answer **Yes**, enter the date of and the reason for the disqualification, and the name and location of the disqualified store in the additional fields that appear.

3. Has your business or its owners, officers or managers ever owned a store disqualified from the USDA Supplemental Nutrition Assistance Program (SNAP) in Washington or any other state? \* ☒ Yes ☐ No

If yes, please provide the following information:

a) List date of disqualification. \*

b) List Store Name(s), Location(s), and reason for disqualification. \*

4. Answer whether the business or any of its current owners, officers, or managers has been convicted of or had a civil judgment levied for any of the listed crimes in the last six (6) years.

- ✓ If you answer **Yes**, provide more details in the available fields, including the name of the person convicted, the position that person held in the company, the relationship of that person to the owner, and the crime committed in the additional fields that appear.

4. In the last six (6) years, have you or any current business owners, officers or managers been convicted of or had a civil judgment for any of the following: Fraud, Anti-Trust Violations, Embezzlement, Theft, Forgery, Bribery, Falsification or Destruction of Records, Making False Statements, Receiving Stolen Property, Making False Claims or Obstruction of Justice? \* ☒ Yes ☐ No

If yes, please provide the following information: \*

a) An explanation with name(s) of person(s) convicted, their position in the company, their relationship to the owner, the crime committed and any other relevant information. \*

5. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Reauthorization - Store Profile

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✓ Integrity **✗ Store** ✗ Contact ✗ Question ✗ Integrity

✗ Sales ✗ Inventory ✗ Hours ✗ Pricing Submit

**Store Profile** Save « Previous Next »

Store Name Bunker Hill Grocery - Tacoma \*

Other Registered DBAs

**Store Physical Address**

Address 2014 Pacific Ave \* Address2  Zip+Ext 98444 \*

City TACOMA \* State WA County PIERCE

☐ Check if same as physical address

**Store Mailing Address**

Address 2014 Pacific Ave \* Address2  Zip+Ext 98444 \*

City TACOMA \* State WA County PIERCE

Store Telephone (253) 555-1776 \* Store Fax

Approximate total square footage of store (include storage space).  \*

Enter Total Square Footage

Total number of cash registers in the store. 11 \*

Total number of cashiers. 20 \*

The store has cash registers capable of printing a receipt. \* ☒ Yes ☐ No

The store has cash registers with electronic barcode scanners. \* ☒ Yes ☐ No

Can the scanners identify WIC foods? \* ☒ Yes ☐ No

The store will operate only at the Physical Address listed above. \* ☐ Yes ☐ No

Answer Required

1. Some information from the WIC Program database fills these fields.
2. Review this information and edit where information has changed. Pay close attention to providing a current and accurate email address, since email is our main form of communication with vendors.
3. Fill in the fields that are blank.
4. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.



## Reauthorization - Store Contact

List the contact information for the Store Manager, the Store Food Price Survey contact, and the Store Checker Trainer.

Enter only one person for each of these Contact Type/Titles.

You can delete or change contacts.

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	<b>✗ Contact</b>	✗ Question	✗ Integrity
✗ Sales	✗ Inventory	✗ Hours	✗ Pricing	Submit				

Store Contact Information


« Previous

Next »

Contact Type/Title	First Name	Last Name	Telephone	Email		
<span>Store Manager</span>					Save	Clear

Enter at least the store manager. Also enter a WIC price survey contact if different from the price survey contact listed for the owner contact tab.

\*When entering a Contact, you must click on the "Save" button to save the record.

1. Choose a Contact Type/Title from the dropdown list.
2. Enter the First Name, Last Name, Telephone, and Email address.
  - ✓ The email address does not populate from the WIC MIS system.
  - ✓ By having to enter your email each time, you can be sure that WIC has your most current email address. Pay close attention to providing a current and accurate email address, since email is our main form of communication with vendors.
3. Click **Save** to add the entry to your file and a new row below. (Click **Clear** if you want to clear the row and start over.)  
 Clicking **Save** changes the button choices at the end of the row to **Delete** and **Edit**.
4. Click the **Delete** button at the end of the row to remove all the information entered on that row.
5. Click the **Edit** button at the end of the row to change any saved information on that row.
6. Repeat to add each of your Store Contacts.
  - ✓ WIC collects and stores store information only on the three Contact Types listed.
  - ✓ List a contact person for WIC food price surveys even if it's the same person you listed as the price survey contact in the Owner section.
  - ✓ Be sure to click **Save** after each entry.
7. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Reauthorization - Store Questionnaire

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	<b>✗ Question</b>	✗ Integrity
✗ Sales	✗ Inventory	✗ Hours	✗ Pricing	Submit				

?

Store Questionnaire

Save « Previous Next »

1. Has your business purchased this store within the last twelve (12) months, or plans to purchase it in the next three (3) months? \*

☐ Yes ☐ No

2. Is this store currently open? \*

☐ Yes - operated by my business  
☐ Yes - operated by another business  
☐ No

3. Is this store currently authorized to accept WIC checks? \*

☐ Yes ☐ No

4. Provide the date, or estimated date, this store opened (will open) under the applicant's ownership: \*

5. Does your business have a current SNAP (Food Stamps) authorization number for the store? \*

☐ Yes ☐ No ☐ Applied For

6. Does your business have a current weighing and measuring device registration (scale license) for the store? \*

☐ Yes ☐ No ☐ Applied For

7. Does your business have a current food establishment permit for the store issued by the local health jurisdiction as required by the WA State Department of Health? \*

☐ Yes ☐ No ☐ Applied For

1. Has your business purchased this store within the last twelve (12) months, or plans to purchase it in the next (3) months?
  - ✓ Check **Yes** or **No**.
  - ✓ Check **Yes** if this is a change of ownership application.
    - If you answer **Yes**, additional fields appear for you to enter the date the sale is anticipated to close and the previous store name, if different.

?

Store Questionnaire

Save « Previous Next »

1. Has your business purchased this store within the last twelve (12) months, or plans to purchase it in the next three (3) months? \*

☒ Yes ☐ No

If yes, please provide the following information:

a) Effective Date of Sale: \*

b) List the previous store name(s): \*

2. Is this store currently open?
  - ✓ Check **Yes** (choosing whether it's currently owned operated by your business or another business) or **No**.
3. Is the store currently authorized to accept WIC checks?
  - ✓ Check **Yes** or **No**.

4. Provide the date, or estimated date, this store opened under your business's ownership.
  - ✓ Clicking in the date field opens a calendar so you can pick the date. (You can also just enter the date in the date field.)
  - ✓ Enter the date your business opened the store; even if that was some time ago.
  - ✓ If the store has not opened, enter the estimated opening date.

10/01/2008

October 2008						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

5. Does your business have a current SNAP (Food Stamps) authorization number for the store?
  - ✓ Check **Yes** or **No** or **Applied For**. If you answer **Yes**, an additional field appears for you to enter your SNAP authorization number. This is a 7 digit number issued to your store by the USDA Food and Nutrition Service. Enter your SNAP authorization number.

5. Does your business have a current SNAP (Food Stamps) authorization number for the store? \*

☒ Yes ☐ No ☐ Applied For

If yes, please provide the SNAP (Food Stamps) authorization number: \*

- ✓ You must be actively participating in the SNAP program in order to apply to participate in WIC.
6. Does your business have a current weighing and measuring device registration (scale license) for the store?
    - ✓ If your store sells products by weight, it must have a currently active scale license to be authorized as a WIC vendor. You can apply for a scale license with the WA State Business Licensing Service.
    - ✓ Check **Yes** or **No** or **Applied For**.
  7. Does your business have a current food establishment permit for the store issued by the local health jurisdiction as required by the WA State Department of Health?
    - ✓ Check **Yes** or **No** or **Applied For**.
  8. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen

## Reauthorization - Store Business Integrity

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	✓ Question	✗ Integrity
✗ Sales	✗ Inventory	✗ Hours	✗ Pricing	Submit				

Store Business Integrity

Save « Previous Next »

- Has the store been disqualified from Washington WIC or any other state(s) WIC program in the past? \*  
☐ Yes ☐ No
- Is the store currently disqualified from SNAP (Food Stamps)? \*  
☐ Yes ☐ No
- Has the store ever been assessed a Civil Money Penalty from SNAP (Food Stamps) in the past, instead of disqualification? \*  
☐ Yes ☐ No
- Is the store currently in compliance with the [Americans with Disabilities Act \(ADA\)](#)? \*  
☐ Yes ☐ No

- Has the store been disqualified from Washington WIC or any other state(s) WIC Program in the past?

✓ Check **Yes** or **No**.

✓ If you answer **Yes**, additional fields appear for you to provide the date of the disqualification, which state issued the disqualification, and the reason for the disqualification.

- Has the store been disqualified from Washington WIC or any other state(s) WIC program in the past? \* ☒ Yes ☐ No

If yes, please provide the following information:

a) List date of disqualification: \*

b) State(s) where disqualification occurred: \*

c) Explanation of circumstances: \*

- Is the store currently disqualified from SNAP (Food Stamps)?

✓ Check **Yes** or **No**.

✓ If you answer **Yes**, additional fields appear for you to provide the date of and the reason for the disqualification.

- Is the store currently disqualified from SNAP (Food Stamps)? \* ☒ Yes ☐ No

If yes, please provide the following information:

a) List date of disqualification: \*

b) Explanation of circumstances: \*

- Has the store ever been assessed a civil money penalty from SNAP (Food Stamps) in the past, instead of disqualification?

✓ Check **Yes** or **No**.

✓ If you answer **Yes**, additional fields appear for you to provide the date of and why the civil money penalty was imposed.

- Has the store ever been assessed a civil money penalty from SNAP (Food Stamps) in the past, instead of disqualification? \* ☒ Yes ☐ No

If yes, please provide the following information:

a) List date of penalty: \*

b) Explanation of circumstances: \*

- Is the store currently in compliance with the Americans with Disabilities act (ADA)?

✓ Check **Yes** or **No**.

- Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Reauthorization - Store Sales

### 1. Is this an existing store and is it operational?

- ✓ The answer defaults to **Yes** with the Existing Store screen displayed.

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	✓ Question	✓ Integrity
<b>✗ Sales</b>	✗ Inventory	✗ Hours	✗ Pricing	Submit				

**Store Sales** Save « Previous Next »

1. Is this an existing store and is it operational? ☒ Yes ☐ No

**EXISTING STORE: Monthly Food Sales History**

List the store's sales history for the most recent six-month period:

Month/Year	Gross Sales	Tax Exempt Sales	SNAP Sales

\*Gross and Exempt Sales should match the data reported to the WA State Dept. of Revenue.  
\*SNAP Sales should match the data recorded by the Supplemental Nutrition Assistance Program.  
\*Use actual figures, not estimates.

- ✓ **Existing/Operational Stores:** Enter your store's sales history for the most recent six months. Use the Calendar Picker to select the month and year for the first month. (You can also just enter the date in the field.)

May 2014

Done Clear Cancel

Pick a month at least six (6) months in the past because the rest of the month/year fields auto-populate with months and years going forward six (6) months.

Click **Done**.

Month/Year
05-2014
06-2014
07-2014
08-2014
09-2014
10-2014

If your store has been operating less than six months, and you enter the first month it opened, you will get only the number of months from that time to present.

Month/Year
08-2014
09-2014
10-2014

- ✓ You can get both gross sales and tax exempt sales information from the forms you file with the WA State Department of Revenue.
- ✓ Tax exempt sales are all untaxed food sales reported to the WA State Department of Revenue.
- ✓ The SNAP Sales should reflect the data collected by United States Department of Agriculture (USDA) Food and Nutrition Service (FNS).

**This screen appears** if you change the answer to question number 1 to **No**.

Store Sales				Save	« Previous	Next »
1. Is this an existing store and is it operational?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>NEW STORE: Estimated Food Sales for 12 Months</b>						
List the store's expected sales for the twelve-month period following authorization, as if WIC authorization were granted (estimates are OK):						
Month/Year	Gross Sales	Tax Exempt Sales	SNAP Sales			
10-2014						

**New Store:** Enter your estimated food sales for the next 12 months.

- ✓ There is only one row to complete.
  - ✓ The Month/Year defaults to the previous calendar month/year.
  - ✓ Give an annual estimate for each of the columns.
2. Does the store expect to receive more than 50% of its annual food sales revenue from the sale of WIC foods with WIC checks?
    - ✓ Check **Yes** or **No**.
    - ✓ Exclude sales revenue from fresh fruit and vegetables purchased with WIC Fruit & Vegetable checks.
  3. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Reauthorization - Store Inventory

Stocking WIC approved foods and other items are selection criteria a store must meet to be considered for WIC authorization. Each store must constantly comply with the selection criteria to remain authorized.

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	✓ Question	✓ Integrity
✓ Sales	<b>✗ Inventory</b>	✗ Hours	✗ Pricing	Submit				

**Store Inventory Information** Save « Previous Next »

1. Does the store meet the WIC Approved Foods Minimum Inventory Requirements? ([Click for definition](#)) \* ☐ Yes ☐ No

2. Does the store meet the WIC Definitions of a full-line grocery store? ([Click for definition](#)) \* ☐ Yes ☐ No

3. Does the store carry, on a continuous basis, multiple varieties of the following?

Canned Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frozen Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dairy Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Meat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frozen Meat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Seafood	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frozen Seafood	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Poultry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frozen Poultry	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Fruits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfrozen Vegetables	<input type="checkbox"/> Yes <input type="checkbox"/> No	Juices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bakery Goods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dried Grains & Beans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Baby Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Household Cleaners	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	Healthcare Products	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Select 'Yes' or 'No' to all varieties

1. Does the store meet the WIC approved foods minimum inventory requirement?
  - ✓ Check **Yes** or **No**.
  - ✓ Click the link "[Click for definition](#)" or refer to <http://www.doh.wa.gov> for specific information regarding which foods in what quantities are required to meet this criterion.
2. Does the store meet the WA WIC definition of a full-line grocery store?
  - ✓ Check **Yes** or **No**.
  - ✓ Click the link "[Click for definition](#)" or refer to Washington Administrative Code (WAC) 246-790-077(5) to see the new rules, effective in mid-November 2014, which provide what quantities and varieties of a given product category a store needs to stock on a continuous basis to be considered a full-line grocery store. These requirements are in addition to the WIC Approved Foods Minimum Inventory requirements and include many product categories that are not WIC approved.
3. Does the store carry on a continuous basis, multiple varieties of the following?
  - ✓ Check **Yes** or **No** for each of the categories listed. Check **Yes only** if you have at least the quantities and varieties of items required in the new full-line grocery store definition. Use the link in question 2 to access the new full-line grocery definition.
4. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Reauthorization - Store Hours of Operation

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✓ Integrity ✓ Store ✓ Contact ✓ Question ✓ Integrity

✓ Sales ✓ Inventory ✗ Hours ✗ Pricing Submit

**Store Hours of Operation** Save « Previous Next »

Is the store open 24 hours per day? ☐ Yes ☐ No

Is the store open seven (7) days per week? ☐ Yes ☐ No

	Begin Time	End Time
<input type="checkbox"/> Sunday		
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		

The Store Hours of Operation screen captures what hours and days of the week the store is open.

What the user sees depends on the combination of answers to the questions.

.....

**'Yes' to:**

Is the store open 24 hours a day?

Is the store open seven (7) days a week?

✓ Days and times representing 24 hours per day, 7 days per week auto-fill the table.

**Store Hours of Operation** Save « Previous Next »

Is store open 24 hours a day? ☒ Yes ☐ No

Is store open for seven(7) days a week? ☒ Yes ☐ No

	Begin Date	End Date
<input checked="" type="checkbox"/> Sunday	12:00am	11:59pm
<input checked="" type="checkbox"/> Monday	12:00am	11:59pm
<input checked="" type="checkbox"/> Tuesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Wednesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Thursday	12:00am	11:59pm
<input checked="" type="checkbox"/> Friday	12:00am	11:59pm
<input checked="" type="checkbox"/> Saturday	12:00am	11:59pm

.....



**'No' to:**

Is the store open 24 hours a day?

- ✓ A 'No' to this question enables the follow up question - Are the store hours the same each day?

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☐ Yes ☐ No

- ✓ A 'Yes' to the follow up question enables a statement for the user to complete -

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☒ Yes ☐ No

Each day the store is open from  to

- ✓ Enter the Begin Time and End Time in the boxes. These fields are set up for a 12-hour clock. You need to enter zeroes before single digit hours and include am or pm.

Each day the store is open from  to

**'Yes' to:**

Is the store open seven (7) days a week?

- ✓ The table fills with the times entered above in each of the days of the week.
- ✓ Check marks fill the boxes in front of each day of the week.

Store Hours of Operation			Save	<< Previous	Next >>
Is the store open 24 hours per day?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are the store hours the same each day?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Each day the store is open from <input type="text" value="05:00am"/> to <input type="text" value="11:59pm"/>					
Is the store open seven (7) days per week?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Begin Time	End Time			
<input checked="" type="checkbox"/> Sunday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Monday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Tuesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Wednesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Thursday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Friday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Saturday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			

.....

'No' to:

Is the store open 24 hours a day?

- ✓ A 'No' to this question enables the follow up question - Are the store hours the same each day?

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☐ Yes ☐ No

- ✓ A 'Yes' to the follow up question enables a statement for the user to complete -

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☒ Yes ☐ No

Each day the store is open from  to

- ✓ Enter the Begin Time and End Time in the boxes. These fields are set up for a 12-hour clock. You need to enter zeroes before single digit hours and include am or pm.

Each day the store is open from  to

'No' to:

Is the store open seven (7) days a week?

- ✓ Click in the boxes in front of each day of the week the store is open. The Begin Time and End Time fill with the times entered in the boxes above.

	Begin Time	End Time
<input type="checkbox"/> Sunday	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Monday	05:00am	11:59pm
<input checked="" type="checkbox"/> Tuesday	05:00am	11:59pm
<input checked="" type="checkbox"/> Wednesday	05:00am	11:59pm
<input type="checkbox"/> Thursday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Friday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Saturday	<input type="text"/>	<input type="text"/>

.....

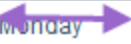
'Yes' to:

Is the store open 24 hours a day?

'No' to:

Is the store open seven (7) days a week?

- ✓ Click in the boxes in front of each day of the week the store is open. The Begin Time and End Time fill with the times representing 24 hours per day.

	Begin Date	End Date
<input type="checkbox"/> Sunday		
<input checked="" type="checkbox"/> Monday 	12:00am	11:59pm
<input checked="" type="checkbox"/> Tuesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Wednesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Thursday	12:00am	11:59pm
<input checked="" type="checkbox"/> Friday	12:00am	11:59pm
<input checked="" type="checkbox"/> Saturday	12:00am	11:59pm

Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Reauthorization – Pricing (Price Survey)

You must submit prices for certain WIC approved foods with your application. In addition, all stores must separately update their prices at least two times per year.

All prices for WIC approved food items must be competitive in comparison to similar types of stores.

Items approved for purchase with WIC checks are listed on the Price Survey.

The Price Survey may occasionally target specific foods and not include all WIC approved foods.

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	✓ Question	✓ Integrity
✓ Sales	✓ Inventory	✓ Hours	✗ Pricing	Submit				

**Price Survey** Save << Previous Next >>

Instructions: Fill in the current regular shelf price of the WIC approved food item listed in the table below. Do not provide a temporary sale/promotion price. Do not fill in a price for products not in stock on the day you are completing this form.

Category	Item	Existing UPC	UPC (if different)	Highest Shelf Price
Similac Advance, powder, 12.4 oz	Similac Advance, powder, 12.4 oz	070074559582		
Similac NeoSure, powder, 13.1 oz	Similac NeoSure, powder, 13.1 oz	070074574318		
Similac Alimentum, powder, 16 oz	Similac Alimentum, powder, 16 oz	070074576640		
Enfamil EnfaCare, powder, 12.8 oz	Enfamil EnfaCare, powder, 12.8 oz	300870019448		
Nutramigen, powder, 12.6 oz	Nutramigen, powder, 12.6 oz	300870338013		
Good Start Gentle, powder, 12.7 oz	Good Start Gentle, powder, 12.7 oz			

1. If the WIC program has a UPC code for a food item, you will see it in the **Existing UPC** column. If WIC does not have a UPC number in the system, the field will be blank.
  - ✓ You cannot make changes in this column.
2. **(OPTIONAL)** If the UPC code you have for a food item is different, or if the **Existing UPC** field is blank and you have the UPC code, you can enter the UPC code in the **UPC (if different)** column. **It is not currently a requirement to enter UPC codes.**
  - ✓ UPC codes can vary in size but commonly consist of 12 numbers.
3. Enter your shelf prices in the **Highest Shelf Price** column.
  - ✓ Be sure to enter the decimal point.
  - ✓ You might not have every item on your shelves.
  - ✓ Give us the prices for the items you do have on your shelves.
  - ✓ The prices you submit should include items in every category required by the WIC Minimum Inventory Requirements.
  - ✓ Be sure to enter your everyday prices.
  - ✓ **Do not** enter temporary sale prices.
4. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Reauthorization - Statement of Application

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	✓ Question	✓ Integrity
✓ Sales	✓ Inventory	✓ Hours	✓ Pricing	<b>Submit</b>				

### Statement of Application

[<< Previous](#)

**By signing this form:**

I have reviewed and understand the Vendor Selection Criteria, the Minimum Inventory Requirements, and the Infant Formula Supplier requirements.

I understand completing and submitting this application form does not guarantee authorization to participate in the WIC Nutrition Program.

I understand the WIC Nutrition Program will not pay any WIC checks taken before the contract has been signed by both the contractor and the department.

I agree to train employees with responsibilities associated with the WIC Nutrition Program.

I understand the WIC Nutrition Program may terminate my authorization at any time if there is noncompliance by any employees.

I understand, if I give false information, the WIC Nutrition Program will deny or terminate authorization.

Should my application be denied, I understand, under the laws of the state of Washington, I must wait six months before submitting another application.

I confirm under penalty of perjury under the laws of the state of Washington that the information in this application is true and correct.

I have authority to request this authorization.

By checking this box, I agree to the above terms ☐

Legal Name

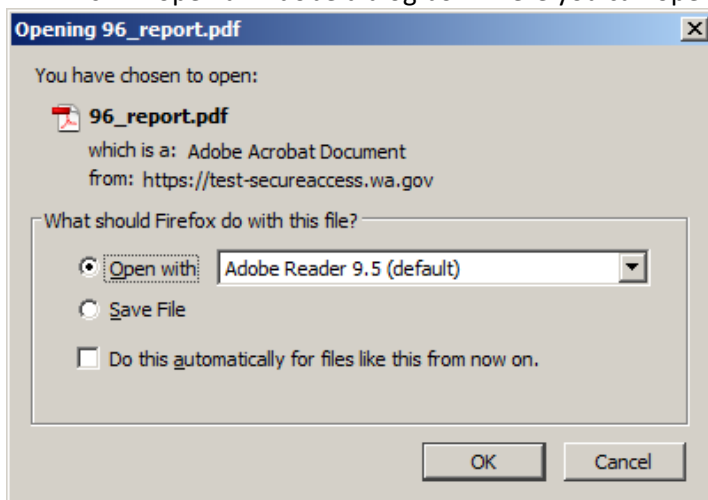
Signature

Signature Date 10/21/2014

[Print Application](#)

[Submit Application for Approval](#)

1. Read the statements on this page.
2. Check the box if you agree to the statements.
3. When you check the box, the Legal Name and Signature fields become enabled.
4. Complete the signature portion of the page.
  - ✓ Filling in both the Legal Name and Signature boxes with your name (since you securely logged in through the SAW interface) authenticates your "signature".
  - ✓ The date is the current date.
5. If you want a copy of your application for your records, click **Print Application**.
  - ✓ This will open an Adobe dialog box where you can open the application to print or save.



6. Click **OK**. The application in the format of the paper application opens.

Washington State WIC Nutrition Program Owner & Retailer Application				
1. Name of Owner: Jim Bob's Stores, Inc.				
2. Legal Business Name:				
4. Business Telephone: (206) 222-2222		4. Alternate Business Telephone: N/A		
5. Business Fax: N/A		6. Business Email: jimbob@yahoo.com		
7. Employer Identification Number (EIN): 912222222		8. Owner Social Security Number:		
9. Unified Business Identifier (UBI): 601011111		10. Washington State Reseller Permit Number: A11111111		
11. Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Corporation <input type="checkbox"/> Military/Commissary <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Private Corporation <input type="checkbox"/> Tribal Owned Store <input type="checkbox"/> Limited Liability Company				
12. Address: 1202 South 65th		P.O.Box:		Suite:
City: LAKE CITY		State: WA		Zip Code: 98125-0000
13. Business Contact Information				
Title	Name	Telephone	Email	Sign Contacts?

7. Use the Adobe Reader functions to select your printer and **Print**.
8. Close the Adobe Reader window and return to the Statement of Application screen.
9. Make sure the agreement box is checked and the Legal Name and Signature fields are complete.
10. Click **Submit Application for Approval** to send the completed application to the WIC Program
- ✓ If the **Submit Application for Approval** button is not enabled but the agreement box is checked and the Legal Name and Signature fields are complete, check the tabs along the top of the page.
  - ✓ All tabs must have green check marks for the **Submit Application for Approval** button to be enabled. If any tabs have a red x instead of a green check mark, click on that tab and provide the requested information. Then return to the **Submit Tab** to **Submit Application for Approval**.

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	✓ Question	✓ Integrity
✓ Sales	✓ Inventory	✓ Hours	✓ Pricing	<b>Submit</b>				

11. The Statement of Application confirmation displays.

- ✓ Your application status changes from “In Process” to “Pending”.
- ✓ While the application is in “Pending” status, the application is “locked” and you cannot make changes.
- ✓ This page gives you another opportunity to print the application. From this screen, you can return to the Home Page or continue working in the Retailer Management part of the Online Retailer Application.

Please select Re-Authorization Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Integrity	✓ Store	✓ Contact	✓ Question	✓ Integrity
✓ Sales	✓ Inventory	✓ Hours	✓ Pricing	<b>Submit</b>				

**Statement of Application**[« Previous](#)

**Your application has been submitted!**

Thank you for applying to participate in the Washington WIC Nutrition Program.

Your application has been successfully submitted and is pending approval from the WIC Retailer Staff.

You will be notified when your application has been processed.

Please contact 800-841-1410 with questions or concerns.

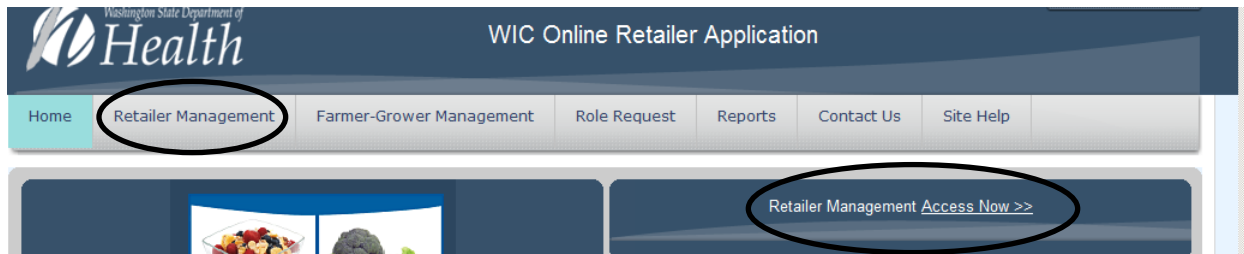
[Print for Your Records](#) [Go to the Home Page](#) [Continue Working in Retailer Management](#)

## Update Retailer Account Information

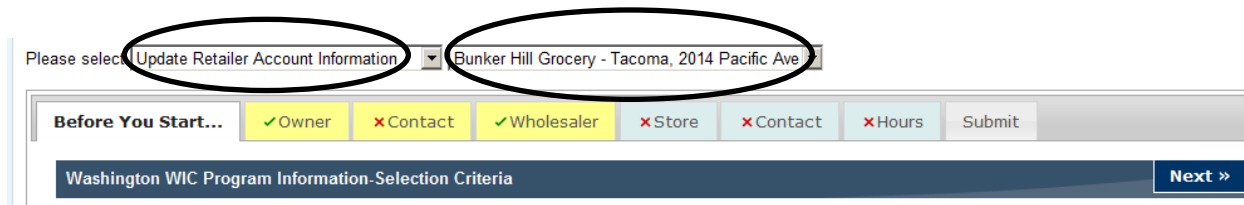
You can use this function to update the **Owner, Owner Contact, Wholesaler, Store, Store Contact, and Hours** tabs in ORAP. It does not allow you to update the **Integrity, Store Questions, Sales, Inventory or Pricing** tabs. You must have an approved Owner/Administrator or Store Management Role (electronic permission) to use the Update function.

**CAUTION:** The ORAP Update function requires you to restate all your business and store contacts even if you are only trying to update something else. Using the Update function deletes all existing contacts in our database. Until this feature is fixed, it may be preferable to make updates by calling 1-800-841-1410 and asking for the Vendor Management Team or by emailing [wicretailmanagement@doh.wa.gov](mailto:wicretailmanagement@doh.wa.gov).

1. There are two ways to access the Online Retailer Application Portal. The user can either login directly through SecureAccess Washington (SAW) (<https://secureaccess.wa.gov>) or link to the SAW login screen through the Department of Health website [WIC Retailer Resources](#). If you have bookmarked the SecureAccess Washington website, find it in your Favorites.
2. In the User ID and Password boxes, enter your SAW user ID and password.
3. The **My Services** tab opens. Select **WIC Online Retailer Application Portal**.
4. The WIC Online Retailer Application Home Page opens. Select Retailer Management from either the Menu Bar or [Access Now](#) on the page.



5. From the **Please Select** dropdown, choose **Update Retailer Account Information**. From the **Please Select Vendor** dropdown, select the store whose information you want to update.
  - ✓ The stores listed in the dropdown are the ones for which you have permissions to update.
  - ✓ If you need to update information for a store not in the list, you first need to complete a Role Request (for Administrator/Owner or Store Management) and wait for it to be approved. You will not be able to use the Update function if you have only a Food Pricing Role.



6. Click **Next** to advance to the Owner screen.



## Update Retailer Account Information - Owner Profile

Please select Update Retailer Account Information Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start... ✓ Owner ✗ Contact ✓ Wholesaler ✗ Store ✗ Contact ✗ Hours Submit

**Owner's Profile** Save « Previous Next »

Legal Name of Owner (If Sole Proprietorship) First Name:  MI:  Last Name:

Company (Legal Business) Name

Telephone  Alternate Telephone  Business Fax

Business Email  Business Type Private Corporation

**Owner Physical Address**

Address  Address2  Zip+Ext

City SEATTLE State WA County KING

☐ Check if same as physical address

**Owner Mailing Address**

Address  Address2  Zip+Ext

City SEATTLE State WA County KING

Washington State Reseller's Permit Number

1. Information from the WIC Program database fills some or all of these fields.
2. Review this information. Enter new information if any of the prefilled fields are no longer correct. Pay close attention to providing a current and accurate email address, since email is our main form of communication with vendors.
3. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Update Retailer Account Information - Owner Contacts

List **ALL** the “principals” or “governing persons” for the business. These contacts do not autopopulate from our database, so you’ll need to re-enter all your owner contacts, even if they haven’t changed.



Make sure to include at least one person who has authority to sign contracts.

**Most businesses should enter multiple contacts.** In addition to the “governing persons”, add any other person who you want to also designate as having contract signing authority. **Also add a Price Survey contact** and other miscellaneous contacts (training, contracting, compliance, etc.) as appropriate.

Types of Business Contacts (President, Sole Proprietor, LLC Managing Member, Other, etc.) are in the dropdown list in the Contact Type/Title menu. You can add, delete or change contacts.

1. Choose a Contact Type/Title from the dropdown menu. Choose “Other” if the person is not a “governing person” but you want to show they have WIC contract signing authority.
2. Enter the contact’s First Name, Last Name, Telephone, and Email address.
3. Click in the Contract Signing Authority box to indicate whether the person entered on that line has authority to sign contracts.
  - ✓ A check in the box means Yes.
  - ✓ Leave the box blank if No.
4. Click **Save** to add the entry to your file which will also add a new row below. (Click **Clear** if you want to clear the row and start over.)



Clicking **Save** changes the button choices at the end of the row to **Delete** and **Edit**.

5. Once the row is saved, click the **Delete** button at the end of the row if you want to remove all the information entered on that row.
6. Click **Edit** if you need to change the information entered on the line after you have saved it.
7. Repeat to add each of your business contacts.
  - ✓ Be sure to add a price survey contact and click **Save** after each entry.
8. Click **Next** to advance to the Wholesaler screen.

## Update Retailer Account Information - Wholesaler

Please select Update Retailer Account Information Bunker Hill Grocery, 1776 Patriot Rd, SEATTLE


Before You Start... ✗ Owner ✓ Contact ✓ **Wholesaler** ✗ Store ✗ Contact ✗ Hours Submit

**Owner-Wholesaler Information** « Previous Next »

Wholesaler Name	Wholesaler Address	Wholesaler Phone	Formula	Food		
Unified Grocers, Inc. - Seattle	3301 South Norfolk, Seattle, WA, 98118-0000	(206) 762-2100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Delete	Edit
--Please Select Wholesaler--			<input type="checkbox"/>	<input type="checkbox"/>	Save	Clear

\*Copies of sales receipt(s)/invoice(s) from an approved Infant Formula Supplier will be required prior to WIC Authorization. [Click here on how to submit your invoice\(s\).](#)

\*\*When entering a wholesaler, you must click on the "Save" button to save the record.

1. The wholesaler listed for your company in the WIC Program MIS system displays.
  2. If you need to change the information about the displayed wholesaler, click **Edit**.
  3. If you no longer do business with the displayed wholesaler, click the **Delete** button at the end of the row to remove all the information
  4. You can add a wholesaler by using the blank row.
  5. Click **Save** to add the entry to your file which also adds a new row below. (Click **Clear** if you want to clear the row and start over.)
-  Clicking **Save** changes the button choices at the end of the row to **Delete** and **Edit**.
6. The system language about submitting infant formula invoices is for stores seeking WIC authorization. You do not need to submit invoices when updating your wholesaler.

7. If the wholesaler you do business with is not listed in the dropdown list, choose **Other**. **Other** is found at the bottom of the dropdown list.
8. Selecting **Other** opens the **Enter Wholesaler Information** window where you can enter the information about the wholesaler you do business with.

The screenshot displays the 'WIC Online Retailer Application' interface. At the top, there's a navigation bar with links: Home, Retailer Management (active), Farmer-Grower Management, Role Request, Reports, Contact Us, and Site Help. Below this, a dropdown menu shows 'Please select' with 'Update Retailer Account Information' selected, and another dropdown shows 'Bunker Hill Grocery, 1776 Patriot Rd, SEATTLE'. A progress bar indicates the current step: 'Before You Start...' followed by 'Owner' (marked with an X), 'Contact' (checked), 'Wholesaler' (checked and highlighted), 'Store' (marked with an X), 'Contact' (marked with an X), 'Hours' (marked with an X), and 'Submit'. The main content area is titled 'Owner-Wholesaler Information' and features a '« Previous' and 'Next »' navigation. On the left, a 'Wholesaler Name' dropdown list shows 'Unified Grocers, Inc. - Seattle' and 'Other' (selected). Below this, there are links: '\*Copies of sales receipt(s), Click here on how to submit' and '\*\*When entering a wholesaler...'. The 'Enter Wholesaler Information' window is open, showing fields for: Wholesaler Name \*, Address \*, City \*, State \*, Zip \*, Phone \*, Supplies Formula (checkbox), and Supplies Food (checkbox). At the bottom of this window are 'Save' and 'Cancel' buttons. To the right of the window, there's a table with columns 'Food', 'Delete', and 'Edit'. The table has two rows: the first row has a checked checkbox under 'Food' and 'Delete' and 'Edit' buttons; the second row has an unchecked checkbox under 'Food' and 'Save' and 'Clear' buttons. Below the table, there's a text field with the placeholder 'prior to WIC Authorization.'

9. Complete the fields on the **Enter Wholesaler Information** window. Click **Save**.
  - ✓ The entered information displays in the Wholesaler Information table and can be edited or deleted the same as if you had chosen the wholesaler from the dropdown list.
  - ✓ Clicking **Edit** opens the **Enter Wholesaler Information** window again where you can make changes.
  - ✓ Adding a wholesaler through the **Enter Wholesaler Information** window does not guarantee the WIC Nutrition Program staff will approve use of the wholesaler.
10. Click **Next** to advance you to the next screen.

## Update Retailer Account Information - Store Profile

Please select Update Retailer Account Information Bunker Hill Grocery, 1776 Patriot Rd, SEATTLE

Before You Start... ✗ Owner ✓ Contact ✓ Wholesaler ✗ **Store** ✗ Contact ✗ Hours Submit

**Store Profile** Save « Previous Next »

Store Name Bunker Hill Grocery \*

Other Registered DBAs

**Store Physical Address**

Address 1776 Patriot Rd \* Address2  Zip+Ext 98133 \*

City SEATTLE \* State WA County KING

☐ Check if same as physical address

**Store Mailing Address**

Address 1776 Patriot Rd \* Address2  Zip+Ext 98133 \*

City SEATTLE \* State WA County KING

Store Telephone (206) 555-1776 \* Store Fax

Approximate total square footage of store (include storage space).  \*

Total number of cash registers in the store. 8 \*

Total number of cashiers. 15 \*

The store has cash registers capable of printing a receipt. \* ☒ Yes ☐ No

The store has cash registers with electronic barcode scanners. \* ☒ Yes ☐ No

Can the scanners identify WIC foods? \* ☒ Yes ☐ No

The store will operate only at the Physical Address listed above. \* ☐ Yes ☐ No

1. Some information from the WIC Program database fills these fields.
2. Review this information and where information has changed.
  - ✓ The Store Physical Address is not editable. If you need to change the Store Physical Address, contact the WIC Retail Specialist.
3. Complete any required fields that are blank.
4. Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Update Retailer Account Information - Store Contact

Please select Update Retailer Account Information Bunker Hill Grocery, 1776 Patriot Rd, SEATTLE

Before You Start... ✗ Owner ✓ Contact ✓ Wholesaler ✗ Store ✗ Contact ✗ Hours Submit

**Store Contact Information** « Previous Next »

Contact Type/Title	First Name	Last Name	Telephone	Email		
Store Manager	John	Bunker			Delete	Edit
<span>Store Manager</span>					Save	Clear

Enter PhoneNumber, an email address for at least one business contact.

\*When entering a Contact, you must click on the "Save" button to save the record.

The Online Retailer Application does not display all the previously entered information about contacts.

1. Complete the required fields that are blank. (There are red messages on the screen to alert you to what information is needed.) Pay close attention to providing a current and accurate email address, since email is our main form of communication with vendors.
2. Click **Edit** to enable fields in the row where you need to add or change information. Please make sure a food price survey contact (who may be a headquarters person for grocery chains) and store checker trainer contact are listed.
3. Click the **Delete** button at the end of the row to remove all the information entered on that row.
4. Click **Save** to save your changes
5. Click **Next** to advance to the next screen.

## Update Retailer Account Information - Store Hours of Operation

The Online Retailer Application Portal does not display previously entered information about store hours.

Please select Update Retailer Account Information Bunker Hill Grocery, 1776 Patriot Rd, SEATTLE

Before You Start... ✓ Owner ✓ Contact ✓ Wholesaler ✓ Store ✓ Contact **x Hours** Submit

**Store Hours of Operation** Save « Previous Next »

Is the store open 24 hours per day? ☐ Yes ☐ No

Is the store open seven (7) days per week? ☐ Yes ☐ No

	Begin Time	End Time
<input type="checkbox"/> Sunday		
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		

What the user sees depends on the combination of answers to the questions.

.....

'Yes' to:

Is the store open 24 hours a day?

Is the store open seven (7) days a week?

✓ Days and times representing 24 hours per day, 7 days per week auto-fill the table.

**Store Hours of Operation** Save « Previous Next »

Is store open 24 hours a day? ☒ Yes ☐ No

Is store open for seven(7) days a week? ☒ Yes ☐ No

	Begin Date	End Date
<input checked="" type="checkbox"/> Sunday	12:00am	11:59pm
<input checked="" type="checkbox"/> Monday	12:00am	11:59pm
<input checked="" type="checkbox"/> Tuesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Wednesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Thursday	12:00am	11:59pm
<input checked="" type="checkbox"/> Friday	12:00am	11:59pm
<input checked="" type="checkbox"/> Saturday	12:00am	11:59pm

.....

**'No' to:**

Is the store open 24 hours a day?

- ✓ A 'No' to this question enables the follow up question - Are the store hours the same each day?

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☐ Yes ☐ No

- ✓ A 'Yes' to the follow up question enables a statement for the user to complete -

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☒ Yes ☐ No

Each day the store is open from  to

- ✓ Enter the Begin Time and End Time in the boxes. These fields are set up for a 12-hour clock. You need to enter zeroes before single digit hours and include am or pm.

Each day the store is open from  to

**'Yes' to:**

Is the store open seven (7) days a week?

- ✓ The table fills with the times entered above in each of the days of the week.  
✓ Check marks fill the boxes in front of each day of the week.

Store Hours of Operation			Save	<< Previous	Next >>
Is the store open 24 hours per day?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are the store hours the same each day?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Each day the store is open from <input type="text" value="05:00am"/> to <input type="text" value="11:59pm"/>					
Is the store open seven (7) days per week?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Begin Time	End Time			
<input checked="" type="checkbox"/> Sunday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Monday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Tuesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Wednesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Thursday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Friday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			
<input checked="" type="checkbox"/> Saturday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>			

.....



**'No' to:**

Is the store open 24 hours a day?

- ✓ A 'No' to this question enables the follow up question - Are the store hours the same each day?

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☐ Yes ☐ No

- ✓ A 'Yes' to the follow up question enables a statement for the user to complete -

Is the store open 24 hours per day?

☐ Yes ☒ No

Are the store hours the same each day?

☒ Yes ☐ No

Each day the store is open from  to

- ✓ Enter the Begin Time and End Time in the boxes. These fields are set up for a 12-hour clock. You need to enter zeroes before single digit hours and include am or pm.

Each day the store is open from  to

**'No' to:**

Is the store open seven (7) days a week?

- ✓ Click in the boxes in front of each day of the week the store is open. The Begin Time and End Time fill with the times entered in the boxes above.

	Begin Time	End Time
<input type="checkbox"/> Sunday	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Monday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>
<input checked="" type="checkbox"/> Tuesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>
<input checked="" type="checkbox"/> Wednesday	<input type="text" value="05:00am"/>	<input type="text" value="11:59pm"/>
<input type="checkbox"/> Thursday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Friday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Saturday	<input type="text"/>	<input type="text"/>

.....

'Yes' to:

Is the store open 24 hours a day?

'No' to:

Is the store open seven (7) days a week?

- ✓ Click in the boxes in front of each day of the week the store is open. The Begin Time and End Time fill with the times representing 24 hours per day.

	Begin Date	End Date
<input type="checkbox"/> Sunday		
<input checked="" type="checkbox"/> Monday	12:00am	11:59pm
<input checked="" type="checkbox"/> Tuesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Wednesday	12:00am	11:59pm
<input checked="" type="checkbox"/> Thursday	12:00am	11:59pm
<input checked="" type="checkbox"/> Friday	12:00am	11:59pm
<input checked="" type="checkbox"/> Saturday	12:00am	11:59pm

Click **Save** or **Next**. Both save the information entered, but **Next** advances you to the next screen.

## Update Retailer Account Information - Statement of Application

Please select Update Retailer Account Information Bunker Hill Grocery, 1776 Patriot Rd, SEATTLE

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Store	✓ Contact	✓ Hours	<b>Submit</b>
---------------------	---------	-----------	--------------	---------	-----------	---------	---------------

Statement of Application

« Previous

By signing this form:  
I affirm that the statements in this update are true.  
I understand, if I give false information, the WIC Nutrition Program will deny or terminate authorization.  
I have authority to submit this update.  
By checking this box, I agree to the above terms ☐

Legal Name

Signature

Signature Date

1

11/2/2014

Print Application

Submit Application for Approval

1. Read the statements on this page. Check the box if you agree to the statements. When you check the box, the Legal Name and Signature fields become enabled.
2. Complete the signature portion of the page.
  - ✓ Filling in both the Legal Name and Signature boxes with your name (since you securely logged in through the SAW interface) authenticates your “signature”.
  - ✓ The date is the current date.
5. Click **Submit Application for Approval** to send the completed update to the WIC Program.
  - ✓ If the **Submit Application for Approval** button is not enabled but the agreement box is checked and the Legal Name and Signature fields are complete, check the tabs along the top of the page.
  - ✓ All tabs must have green check marks for the **Submit Application for Approval** button to be enabled. If any tabs have a red x instead of a green check mark, click on that tab and provide the requested information. Then return to the **Submit Tab** to **Submit Application for Approval**.

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Store	✓ Contact	✓ Hours	<b>Submit</b>
---------------------	---------	-----------	--------------	---------	-----------	---------	---------------

6. The Statement of Application confirmation displays.
  - ✓ Your application status changes from “In Process” to “Pending”. While the application is in “Pending” status, the application is “locked” and you cannot make changes.
  - ✓ This page gives you another opportunity to print the application. From this screen, you can return to the Home Page or continue working in the Retailer Management part of the Online Retailer Application.

Before You Start...	✓ Owner	✓ Contact	✓ Wholesaler	✓ Store	✓ Contact	✓ Hours	<b>Submit</b>
---------------------	---------	-----------	--------------	---------	-----------	---------	---------------

Statement of Application

« Previous

The Update to your WIC information has been submitted!  
Thank you for updating your WIC information.  
Please contact 800-841-1410 with questions or concerns.

Print for Your Records

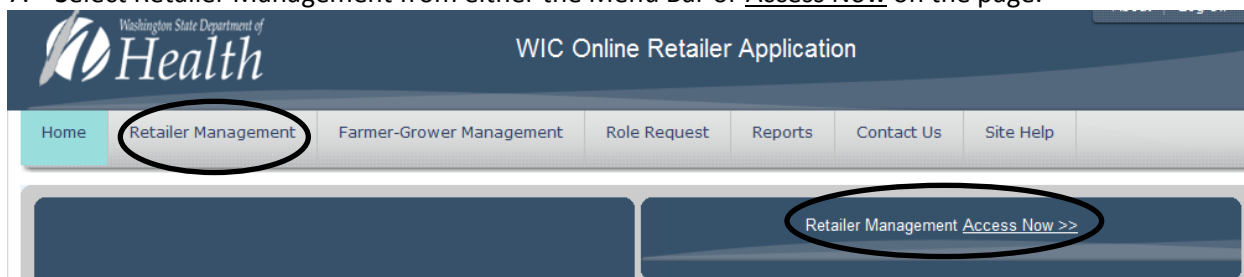
Go to the Home Page

Continue Working in Retailer Management

## Submit Food Pricing (Price Survey)

**All WIC vendors must submit their current prices for specific WIC approved foods at least twice each year.** Typically, price surveys are done both in the spring (April) and the fall (October). Failure to submit a timely and complete price survey for your store(s) violates your WIC vendor contract, and could lead to contract termination. The following directions assume you already have a login ID and password for your business to SecureAccess Washington (SAW), and an approved role (electronic permission) for your store(s) in the Online Retailer Application Portal (ORAP). **Please refer to the appropriate section of this guide if you still need to complete your SAW registration, or get an approved role in ORAP.**

1. There are two ways to access the Online Retailer Application Portal. The user can either logon directly through SecureAccess Washington (<https://secureaccess.wa.gov>) or link to the SecureAccess Washington login screen through the Department of Health website [WIC Retailer Resources](#).
2. If you have bookmarked the SecureAccess Washington website, find SecureAccess Washington in your Favorites.
3. In the User ID and Password boxes, enter your SAW user ID and password.
4. The **My Services** tab opens.
5. Select **WIC Online Retailer Application Portal**.
6. The WIC Online Retailer Application Home Page opens.
7. Select Retailer Management from either the Menu Bar or Access Now on the page.



8. From the **Please Select** dropdown, choose **Submit Food Pricing**.
9. From the **Please Select Survey** dropdown list, choose the price survey to fill out.
10. Select the store for which you want to complete the price list from the **Please Select Vendor** dropdown list.

11. If you don't see the options to Submit Food Pricing or don't see your store(s) as a choice in the drop down menu, you probably don't have an approved role yet. Refer to the instructions for Role Requests.
12. Click **Next** to advance to the **Pricing** screen. If you want to print a price list to use while collecting prices, go to the **Submit** screen and follow steps 20-23. Then come back to this step to enter prices.

Please select Submit Food Pricing Fall 2014 Price Survey Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start... **x Pricing** Submit

**Price Survey** Save « Previous Next »

Instructions: Fill in the current regular shelf price of the WIC approved food item listed in the table below. Do not provide a temporary sale/promotion price. Do not fill in a price for products not in stock on the day you are completing this form.

Category	Item	Existing UPC	UPC (if different)	Highest Shelf Price
Similac Advance, powder, 12.4 oz	Similac Advance, powder, 12.4 oz	070074559582		
Similac NeoSure, powder, 13.1 oz	Similac NeoSure, powder, 13.1 oz	070074574318		
Similac Alimentum, powder, 16 oz	Similac Alimentum, powder, 16 oz	070074576640		
Enfamil EnfACare, powder, 12.8 oz	Enfamil EnfACare, powder, 12.8 oz	300870019448		
Nutramigen, powder, 12.6 oz	Nutramigen, powder, 12.6 oz	300870338013		

13. If the WIC program has a UPC code in the database for a food item, you will see it in the **Existing UPC** column. If WIC does not have a UPC number in the system, the field will be blank.
  - ✓ You cannot make changes in this column.
14. **(OPTIONAL)** If the UPC code you have for a food item is different, or if the **Existing UPC** field is blank and you have the UPC code, you can enter the UPC code in the **UPC (if different)** column. **It is not currently a requirement to enter UPC codes.**
  - ✓ UPC codes can vary in size but commonly consist of 12 numbers.
15. Enter your shelf prices in the **Highest Shelf Price** column.
  - ✓ Be sure to enter the decimal point.
  - ✓ You might not have every item on your shelves.
  - ✓ Give us the prices for the items you do have on your shelves.
  - ✓ The prices you submit should include items in every category required by the WIC Minimum Inventory Requirements.
  - ✓ Be sure to enter your everyday prices.
  - ✓ **Do not** enter temporary sale prices.
16. If you would like to apply the prices you just finished entering to other stores with the same prices owned by the same business (and for which you have an approved role), click the **Apply Survey to Other Stores** button.

Whole Grain Choices	100% Whole Wheat Bread, 16 oz			
Whole Grain Choices	100% Whole Wheat Bread, 24 oz			

Apply Survey to Other Stores

17. That opens a table below the price survey where all stores you have access to and approved roles through the Online Retailer Application Portal are listed.

Select the retail location(s) below.

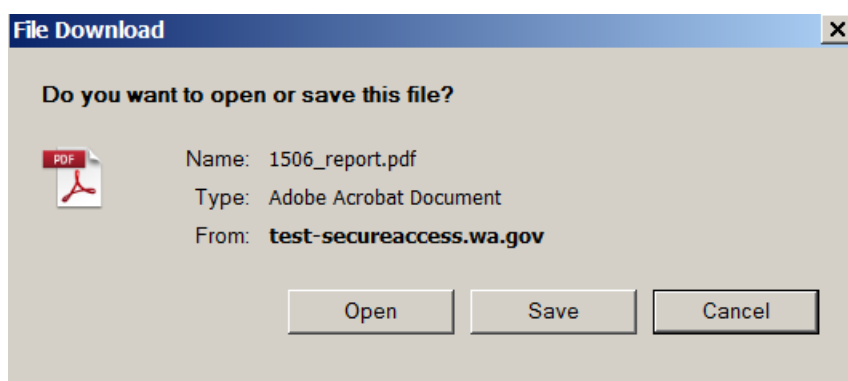
Select	Store Name	Store Address	City	Survey Taken
<input type="checkbox"/>	Bunker Hill Grocery	1776 Patriot Rd	SEATTLE	

18. Select the store(s) where you want the price survey applied by checking the box in the Select column. Select only stores that have prices essentially the same as those input in the price list. Large grocery chains with multiple pricing zones will have to submit multiple price surveys.

19. Click **Next** to advance to the **Submit** screen.

20. Select **Print Application** if you want to print a copy of the price list being submitted.

✓ This will open an Adobe dialog box where you can open the application to print or save.



21. Click **Open**

22. The Completed Price Survey Report opens.

WIC Vendor - Completed Price Survey Report				
Store Name: Bunker Hill Grocery - Tacoma		WIC ID: 1046		
Store Address: 2014 Pacific Ave TACOMA WA 98444-0000				
Statement of Application Signed By:		Date:	Name:	
Food Pricing				
Food Category	Item	Existing UPC	UPC (if Different)	Highest Shelf Price
Similac Advance, powder, 12.4 oz	Similac Advance, powder, 12.4 oz			\$18.99
Similac NeoSure, powder, 13.1 oz	Similac NeoSure, powder, 13.1 oz			\$0.00

23. Follow the directions in Adobe Reader to print the document.

24. Close the document to return to the Statement of Application screen.

Please select Submit Food Pricing Fall 2014 Price Survey Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start... ✓Pricing Submit

**Statement of Application** « Previous

By signing this form:  
I affirm that the statements in this update are true.  
I understand, if I give false information, the WIC Nutrition Program will deny or terminate authorization.  
I have authority to submit this update.

By checking this box, I agree to the above terms ☐

Legal Name  Print Application

Signature  Submit Application for Approval

Signature Date 10/28/2014

25. Read the statements on this page.

26. Check the box if you agree to the statements.

27. When you check the box, the Legal Name and Signature fields become enabled.

28. Complete the signature portion of the page.

- ✓ Filling in both the Legal Name and Signature boxes with your name (since you securely logged in through the SAW interface) authenticates your “signature”.
- ✓ The date is the current date.

Please select Submit Food Pricing Fall 2014 Price Survey Bunker Hill Grocery - Tacoma, 2014 Pacific Ave

Before You Start... ✓Pricing Submit

**Statement of Application** « Previous

By signing this form:  
I affirm that the statements in this update are true.  
I understand, if I give false information, the WIC Nutrition Program will deny or terminate authorization.  
I have authority to submit this update.

By checking this box, I agree to the above terms ☒

Legal Name  Print Application

Signature  Submit Application for Approval

Signature Date 10/28/2014

29. Click **Submit Application for Approval**. This button is not enabled until you type your name in both the **Legal Name** and **Signature** boxes.

30. The Statement of Application confirmation displays.

- ✓ Your application status changes from “In Process” to “Pending”.
- ✓ While the application is in “Pending” status, the application is “locked” and you cannot make changes.
- ✓ This page gives you another opportunity to print the application. From this screen, you can return to the Home Page or continue working in the Retailer Management part of the Online Retailer Application.

Before You Start...	✓ Pricing	Submit
---------------------	-----------	--------

<b>Statement of Application</b>		<a href="#">« Previous</a>
<b>Your Price Survey has been submitted!</b>		
Thank you for submitting your Price Survey.		
Please contact 800-841-1410 with questions or concerns.		
<a href="#">Print for Your Records</a>	<a href="#">Go to the Home Page</a>	<a href="#">Continue Working in Retailer Management</a>



## Glossary

**Application:** The form retailers complete either online or on paper to request authorization to participate in the WIC Nutrition Program. Completing the application is not a guarantee the store will be offered a contract to accept WIC checks from WIC clients in exchange for food.

**Contract:** The Department of Health's standard WIC contract form that, once completed and signed by both parties, becomes the written legal document binding a vendor and the department to designated terms and conditions and authorizes the vendor to transact food instruments.

**Limited Liability Company (LLC):** A business formed by one or more individuals or entities through a special written agreement.

**Military/Commissary:** A store that sells food and supplies to the personnel or workers on a military post.

**ORAP** - Online Retailer Application Portal: A web-based system that allows retailers to manage their applications and information updates for the Women, Infants, and Children (WIC) Nutrition Program in Washington State.

**Partnership:** A business is composed of two or more persons (usually not a married couple) who formally agree to contribute money, labor, or skill to the business.

**Private Corporation:** An incorporated business whose shares are not publicly traded, and are held by a small number of stockholders (shareholders).

**Public Corporation:** An incorporated business whose shares are publicly traded and are usually held by a large number (hundreds or thousands) of shareholders.

**SAW** - SecureAccess Washington website: A single sign-on application gateway created by Washington State's Department of Enterprise Services to simplify access to government services accessible via the Internet using a unique single self-generated User-ID and password.

**Sole Proprietorship:** An individual or married couple in business alone.

**Summary of Application Data Report:** The completed application completed by the retailer formatted to look like the paper application containing the date and name of the person who submitted it.

**Summary of Survey Application Report:** The completed Price Survey containing all price information submitted plus the date and name of the person who submitted the Price Survey.

**Tribal Owned Store:** A business owned by a federally recognized tribal organization.

**WIC MIS system:** The centralized Management Information System the WIC Nutrition Program uses to collect and store client, clinic, and retailer information, issue food benefits, and reconcile redemption data.