Return to: Cabinet for Health Services
Department for Public Health
WIC Program HS2W-C
275 East Main Street
Frankfort, Kentucky 40521

WIC VENDOR SALES INFORMATION

Please review the directions on the back of this form.

STORE NAME _____

WIC VENDOR NUMBER _____

STORE ADDRESS _____ **CITY** _____

STATE _____ **ZIP CODE** _____

If this is for a new store, you <u>must</u> estimate anticipated sales and specify a time period.

1. Indicate time period for information supplied: **From** _____ **to** _____
month/year month/year

2. Food Sales for the last available year: **$** _____
amount

3. Gross Sales for the last available year: **$** _____
amount

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT.
I UNDERSTAND THIS INFORMATION IS FOR THE USE OF THE WIC PROGRAM.

_____ _____
Name of Person or Firm Supplying Information **Date**

_____
Signature

_____
Title