

**MASSACHUSETTS WIC PROGRAM  
REQUEST FOR A VENDOR APPLICATION**

The following information is required to process this request. Please answer all the questions below. Incomplete information cannot be processed. Please fax the completed form to 617-624-6179 or mail to Vendor Specialist, Massachusetts WIC Program, 250 Washington Street, 6<sup>th</sup> floor, Boston, MA 02108.

<b>STORE NAME:</b>		
<b>STORE ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>STORE TELEPHONE NUMBER:</b>		
<b>STORE OWNER'S NAME:</b>		
<b>DOES THIS STORE CURRENTLY PARTICIPATE IN SNAP? <input type="checkbox"/> Yes <input type="checkbox"/> No*</b>		
<b>*Please note all stores must have SNAP authorization in order to participate in WIC.</b>		

**\*\*\*\*PLEASE NOTE\*\*\*\***

**This is NOT a WIC Vendor Application. If you are a new store interested in WIC authorization, you will be sent a WIC Vendor Application Packet ONLY if the information above is complete.**

**If you have any questions, please call the MA WIC Retail Store Hotline at 1-800-552-9425.**