

New Hampshire WIC Vendor Change Request Form



Vendors must notify the State Agency in writing at least 2 weeks in advance of the vendor ceasing operations or changing ownership, name of the store, or location. Failure to notify the State Agency in a timely manner could lead to the vendor's termination from the WIC program. Please note that if there is a change of ownership or the store is physically moving, the current vendor agreement will be terminated, and the new owner will need apply to become a WIC Vendor.

1. Vendor Information Currently on File	
Store Name	WIC Vendor #
WIC Contact Person	Phone #
Address	

2. Information to be Changed, indicate any and all changes.								
<input type="checkbox"/>	Change in Store Name:						Date of Change:	
<input type="checkbox"/>	New Store Address:						Date of Change:	
<input type="checkbox"/>	New Mailing Address:						Date of Change:	
<input type="checkbox"/>	New Store Phone Number:						Date of Change:	
<input type="checkbox"/>	Business Closure:						Date of Closure:	
<input type="checkbox"/>	Change in Ownership*						Date of Change:	
<input type="checkbox"/>	New Store Manager:				New Manager Phone #		Date of Change:	
<input type="checkbox"/>	Change in Store Hours:							
	Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Opening Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	Closing Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Signatures	
Signature of Current Owner or Manager	Date Signed:
Vendor Coordinator Signature	Date Acted on: