



---

---

**Procedure: Change in Ownership of a WIC Store**

Functional Area: I Vendor and Farmer Management

Section: A 2b

Approval Date: 11/18/16

Citation: 246.12 (h) (3) (xvii)

Revised Date: 09/2016

---

---

**Purpose**

Identify the steps to follow if a WIC store has a change in ownership.

---

**Outline of Process**

Notify the State Agency of any change in store ownership. The current agreement ends upon a change in ownership.

1. Confirm the change in ownership with the retailer with a phone call and the effective date of the change in ownership.
  2. Follow up with a letter, example page 2, and a form, example page 3, to the vendor documenting the change in ownership. The vendor will complete the form and return it to the local agency vendor manager.
  3. Retain a copy of the letter and completed form in the vendor's file.
  4. Send copy of letter to State Agency.
  5. State Vendor Management Coordinator will terminate store in Computer.
  6. The vendor number assigned to that vendor cannot be used again for any other vendor and will also be terminated.
  7. Request the return of the WIC vendor stamp immediately upon the change in ownership.
-

(Date)

(Name and Address of Retailer)

Dear (Name of Retailer):

I am writing to you regarding the Nebraska WIC Program. As discussed in our conversation on (date), (store's name and address) will have a change in ownership on (date). The Nebraska WIC Program Retail Vendor Agreement terminates immediately upon a change in ownership. Therefore your contract with the Nebraska WIC Program expires (date of change in ownership).

Please complete the enclosed form and return it to our office by (date). This will provide written confirmation of the termination of the agreement and documentation necessary for our files.

Please return the WIC vendor stamp to our office upon the change in ownership.

We appreciate your cooperation as a WIC vendor. If you wish to be considered again as a WIC retailer, please contact our local WIC agency at (phone number) or our State WIC office at (402) 471-2781.

Sincerely,

(Name)

(Title)

Enclosure

xc: State WIC Vendor Management Coordinator

“This institution is an equal opportunity provider”

I \_\_\_\_\_, of (store name and address) understand the Nebraska WIC Program Retail Vendor Agreement expires with a change in ownership.

(Store name and address) will have a change in ownership on (date). Therefore the agreement with the Nebraska WIC Program will terminate on (date of change in ownership).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

xc: State WIC Vendor Management Coordinator

“This institution is an equal opportunity provider”