

# Stand Together with 3-4-50

## SHOW YOUR COMMITMENT TO REDUCING CHRONIC DISEASE

Thank you for your dedication to promoting health and reducing the risk of chronic disease. **Please check off wellness measures that your business currently employs or will accomplish within the next 12 months.**

<p><b>BRONZE</b> <i>Must check at least six to achieve Bronze Level</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Prominently display promotional materials for healthy foods and beverages*</li> <li><input type="checkbox"/> Offer healthy options at or near checkout areas</li> <li><input type="checkbox"/> Offer at least two kinds of canned or frozen fruits and vegetables without added sauce or sugar</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Offer at least two varieties of fresh fruit and vegetables</li> <li><input type="checkbox"/> Sell local produce when in season</li> <li><input type="checkbox"/> Post smoke-free business sign on door or other visible location</li> <li><input type="checkbox"/> Post 802Quits information where tobacco is displayed</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reduce the number of outside tobacco advertisements, promotions and pricing signs</li> <li><input type="checkbox"/> Reduce the number of inside tobacco advertisements, promotions and pricing signs</li> </ul>
<p><b>SILVER</b> <i>Bronze Level plus at least six from Silver Level</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dedicate space to prominently display healthy foods</li> <li><input type="checkbox"/> Accept 3SquaresVT and post signs to make customers aware</li> <li><input type="checkbox"/> Offer more than two kinds of canned or frozen fruits and vegetables without added sauce or sugar</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Offer more than two varieties of fresh fruit and vegetables year round</li> <li><input type="checkbox"/> Limit signs promoting unhealthy foods and beverages</li> <li><input type="checkbox"/> Hide tobacco products from customer view</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Eliminate the sale of flavored tobacco products</li> <li><input type="checkbox"/> Install bike racks for customer use</li> <li><input type="checkbox"/> Eliminate exterior tobacco advertisements, promotions and pricing signs</li> </ul>
<p><b>GOLD</b> <i>Silver Level plus at least four from Gold Level</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Accept WIC and post signs to make customers aware</li> <li><input type="checkbox"/> Offer lower or competitive pricing for healthy food and beverages</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Offer healthy local food year round</li> <li><input type="checkbox"/> Remove all outside and inside tobacco advertisements, promotions and pricing signs</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Eliminate the sale of all tobacco products</li> <li><input type="checkbox"/> Post a tobacco-free business sign on door or other visible location</li> </ul>

- **Healthy foods:** whole grain items; dried fruit with no added sugar or coating; low or no sodium/unsalted nuts; fresh frozen or canned fruits and vegetables with no additives.

**Healthy beverages:** water, 100% fruit juice, low or non-fat unflavored milk.



## CUSTOMIZE YOUR WELLNESS GOALS

Some businesses have unique opportunities or challenges to impacting employee health and wellness. If some or all of the recommended wellness measures would not be a good fit for your retail store(s), please customize your goals. Your Local Health Office is available to help and can determine your commitment level.

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## FINALIZE YOUR COMMITMENT

By signing this form, your business strengthens its dedication to reducing the burden of chronic disease and improving the health and wellness of its customers.

Which retail type best describes your business? (choose one)

- Convenience Store
- Grocery/Supermarket
- Pharmacy with Retail
- Liquor/Beverage with Retail
- Country/General Store
- Other \_\_\_\_\_

Business Name	# of Employees
Number of stores in VT	City/Town
Contact Name	Title
Email	Phone
Signature	Date

**Do NOT** include my organization as a 3-4-50 partner on the Vermont Department of Health’s website and other promotional materials.