Oklahoma State Department of Health (OSDH)
WIC Program
Farmer Application

MAIL TO: Oklahoma State Department of Health
WIC Services
2401 N.W. 23rd Street, Suite 70
Oklahoma City, OK. 73107-2475

Employer ID # (FEIN) ______________

Name ______________________________ E-mail Address ______________________________

Home Phone ___________________________ Cell Phone ____________________________

Farm Address ______________________________

City __________________ County ____________ Zip ____________

Mailing Address __________________________ City ____________ Zip ____________

Directions to Farm/Growing Location:

________________________________________

________________________________________

Food Stamp ID# __________________ State Sales Tax # __________________

Oklahoma Dept. of Agriculture, Food and Forestry
Registered Oklahoma Grown Farmers’ Market Location

Farmers Market Name __________________

Market Day/(s) __________________________ Market Time/(s) __________________

Additional Farmers Market Location __________________

Market Day/(s) __________________________ Market Time/(s) __________________

Additional Farmers Market Location __________________

Market Day/(s) __________________________ Market Time/(s) __________________

Produce Stands shall be authorized at OSDH’s discretion.
If you currently operate a Produce Stand please provide the following information.

Produce Stand Location __________________

Produce Stand Day/(s) __________________ Produce Stand Time/(s) __________________

This institution is an equal opportunity provider.