

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

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

State Office	WIC Farmer #
use only:	Region _____ Class _____

Farm Name \_\_\_\_\_ 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.*