



Vicksburg
Mississippi

Received 10/7/2025
Street closure application
attached
Event date - 11/1/2025



SPONSORSHIP APPLICATION

FISCAL YEAR 2025-2026

SUBMIT TO

City of Vicksburg
Attn: Office of the City Clerk
P. O. Box 150
Vicksburg, MS 39181-0150

Or email:
dnickson@vicksburg.org

INCOMPLETE APPLICATIONS WILL NOT BE FORWARDED TO THE COMMITTEE

Organization Name: Kings Fall Festival / TMI

Physical Address of the Event: _____

Mailing Address: 224 P.L. Chase Circle Vicksburg, MS 39183

Telephone Number: 601-634-4788

Website Address: _____

Primary Contact Name: HATTIE Johnson

Title: Event Coordinator Telephone No: 601-931-0726

Email Address: _____

Secondary Contact Name: DEXTER JONES

Title: Pastor Telephone No: 601-218-1318

Email Address: PIERRE1j@yahoo.com

If you are applying on behalf of another organization, please provide contact information for that organization:

Organization: _____

Contact Name: _____

Telephone No: _____ Email Address: _____

Complete The Following Questions Regarding Your Request For City Sponsorship Consideration

Event Date: November 1, 2025
(Must be between October 1, 2025-September 30, 2026)

- 1. Is your request for:**
(Check all that apply)

- ☐ In-Kind Sponsorship (specify in question 6)
☒ Cash Sponsorship Amount Requested: \$300

- 2. Briefly state your organization's mission and purpose.**

Rebuilding the Community through Services and
Economic Development

- 3. Describe the event in which funds are being requested to support.**

Community Fall Festival - Carnival

- 4. Explain how your organization and/or event further a charitable cause, economic or community growth, or serve a public interest?**

This event will bring churches, communities, and families
out to fellowship and grow the entities involved.

- 5. Provide detail on how the requested funds will be used support the event partially or in full.**

These funds will be used to advertise and promote
the event within V'burg / Warren County and at large.

- 6. Select all in-kind services the organization is requesting for the event:**

- ☐ a) Park and facilities fees
- ☐ b) Park Personnel (maintenance and building attendants)
- ☒ c) Police Personnel
- ☒ d) Fire Personnel
- ☐ e) Other services not listed (please specify) _____
- ☐ f) Not requesting in-kind services

7. Identify and provide all other funding requests for this event. Provide attachments if needed.

Source	Pending	Approved	Dollar Amount
Vendors			\$ 100 (EP)
Bounty Board			\$ 250
			\$
			\$
			\$
			\$
			\$

8. Anticipated Attendance: 300-500

9. Explain in detail how the event, program, or exhibition marketing plan will promote the City of Vicksburg.

WE will include the City of Vicksburg in all of our promotional packages: Flyers, Radio, etc.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The information provided in this application is for the purpose of obtaining sponsorship funding from the City of Vicksburg on behalf of the undersigned. Each undersigned representative warrants the information provided within this application and its attachments are true and complete until a written notice of change is provided to the City of Vicksburg. The City of Vicksburg is authorized to make all inquiries necessary to verify the accuracy of the provided information.

Dexter Jones
Requestor

October 7, 2025
Date

Printed Name of Requestor from Above

Dexter Jones

KINGS COMMUNITY

FALL FEST

FESTIVAL FOR EVERYONE

NOVEMBER 1, 2025

FROM 10:00AM - 05:00PM

224 R L CHASE CIRCLE RD.

VICKSBURG, MS. 39180

VENDORS-\$100

BOOTHS ARE WELCOME

**TICKETS ARE REQUIRED
FOR GAMES**

**FOOD - FUN - GAMES - PONY
RIDES - FACE PAINTING-
PRIZES-AND MORE**

FOR MORE INFORMATION CONTACT: HATTIE JOHNSON @ 601-831-0726

FREE PARKING

FREE ENTRY

SECURITY PROVIDED



City of Vicksburg
P.O. Box 150
Vicksburg, MS 39181-0150

VPD: _____

VFD: _____

HUNDRED BLOCK (S) AND STREET TO BE CLOSED

FROM (STREET)

Pittman Road

TO (STREET)

Scenic Drive

DATE OF EVENT

November 1, 2025

RAIN DATE

Event Type

Example: Graduation Gathering

Fall Festival

PLEASE READ THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION:

- APPLICATIONS must be submitted not less than THIRTY (30) DAYS OF THE EVENT.
- Applicant must be a resident of the block being closed.
 - If the street being closed for an event is the only entrance/exit to another street (a "T" street), a petition to close the "T" street is also required.
 - Applications for street closure must have a petition signed by 75% of the households (including 75% of any apartment complex)
- The City of Vicksburg reserves the right to implement new policies.

APPLICANT'S NAME

Truimphant Baptist Church

DAYTIME TELEPHONE NUMBER

601-218-1318

APPLICANT'S ADDRESS

224 R.L. Chase Circle

ZIP CODE

APPLICANT'S EMAIL ADDRESS(S)

Pierre1j@yahoo.com

SPONSORING ORGANIZATION (IF ANY)

ADDRESS

TIME OF EVENT (S)

☒ A.M.
☐ P.M.

8:00

☐ A.M.
☒ P.M.

6:00

DOES A BUS OR TROLLEY TRAVEL ON THE STREET TO BE CLOSED?

YES

☒ NO

NUMBER OF PEOPLE ATTENDING

100

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties that may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE

THIS FORM MUST BE RETURNED AND SIGNED BY APPLICANT

9/15/25
DATE

SIGNATURES AND ADDRESSES OF ALL PETITIONERS

ONE ADULT SIGNATURE PER HOUSEHOLD FROM 75%* OF RESIDENTS LIVING ON THE BLOCK IS REQUIRED FOR APPROVAL
USE ADDITIONAL SHEETS IF NECESSARY

DATE OF EVENT

11/1/2025

WE AGREE TO BE RESPONSIBLE FOR ALL INJURIES TO PERSONS OR DAMAGE TO PROPERTY

NUMBER OF HOUSES ON BLOCK

1

NUMBER OF VACANT HOUSES ON BLOCK

0

NUMBER OF SIGNATURES

1

PLEASE PRINT AND SIGN LEGIBLY WHEN COMPLETING INFORMATION BELOW

FIRST NAME	LAST NAME	ADDRESS	FIRST NAME	LAST NAME	ADDRESS
1. Valencia	JONES	93 Putman	30. [Signature]		
2.			31.		
3.			32.		
4.			33.		
5.			34.		
6.			35.		
7.			36.		
8.			37.		
9.			38.		
10.			39.		
11.			40.		