

Received
Event: 11/13/2025
Bm: 10/20/2025

		City of Vicksburg P.O. Box 150 Vicksburg, MS 39180	
HUNDRED BLOCK (S) AND STREET TO BE CLOSED Dr. Briggs Hopson / Veto St		FROM (STREET) Dr. Briggs Hopson	TO (STREET) Depot St
DATE OF EVENT November 13th, 2025			
RAIN DATE November 13th, 2025			
Event Type	Example: Graduation Gathering		
	Mississippi Association for Gifted Children Family Fun Day blocked party w/ food trucks		
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 Chasity Minor (Event Manager)		DAYTIME TELEPHONE NUMBER 601.619.7893	
APPLICANT'S ADDRESS 1600 Dr. Briggs Hopson Blvd		ZIP CODE 39180	
APPLICANT'S EMAIL ADDRESS(S) C.Minor@vicksburg.org			
SPONSORING ORGANIZATION (IF ANY)		ADDRESS	
TIME OF EVENT (S) A.M. 3pm P.M. 9pm Needs to be closed @ 12pm for table setup: Food trucks			
DOES A BUS OR TROLLEY TRAVEL ON THE STREET TO BE CLOSED?		NUMBER OF PEOPLE ATTENDING	
YES ☒ NO ☐		500	
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 Chasity Minor		8/11/25 DATE	
THIS FORM MUST BE RETURNED AND SIGNED BY APPLICANT			

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

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

NUMBER OF HOUSES ON BLOCK 0	NUMBER OF VACANT HOUSES ON BLOCK 0	NUMBER OF SIGNATURES 0
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PLEASE PRINT AND SIGN LEGIBILITY WHEN COMPLETING INFORMATION BELOW

FIRST NAME	LAST NAME	ADDRESS	FIRST NAME	LAST NAME	ADDRESS
1.			30.		
2.			31.		
3.			32.		
4.			33.		
5.			34.		
6.			35.		
7.			36.		
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28.			57.		
29.			58.		

IF POSSIBLE, PLEASE ATTACH STREET MAP

