



**REV. DR. MARTIN LUTHER KING JR
BIRTHDAY MEMORIAL COMMITTEE
P.O. BOX 820111
VICKSBURG, MS 39182**

December 30, 2025

Mayor and Aldermen
City of Vicksburg
1401 Walnut Street
Vicksburg, Mississippi 39180

Gentlemen and Lady:

On Monday, January 19, 2026, the Rev. Dr. Martin Luther King, Jr. Birthday Memorial Committee, a non-profit organization, will host our 40th annual community-wide memorial and birthday celebration in honor of the work and legacy of Rev. Dr. Martin Luther King, Jr. Our standing theme is ***Remember! Celebrate! Act! A Day On...Not A Day Off.*** This 2026 Dr. King holiday observance will mark Dr. King's 97th birthday and the 40th National Holiday in his honor. The event is free and open to the public.

We respectfully request:

- Complimentary use of the Ardis T. Williams Sr Auditorium.
- City of Vicksburg co-sponsorship of this community-wide public event. Please mail your \$1,500-\$3,000 sponsorship payable to the Rev. Dr. Martin Luther King, Jr. Birthday Memorial Committee to P.O. Box 820111, Vicksburg, MS 39182.
- Greetings from Mayor Thompson during the program.

The city of Vicksburg will be recognized as a co-sponsor of the Celebration in all program guides, event flyers, and advertising. We are grateful to the First Mississippi Chapter of Blacks In Government; the Vicksburg Branch of the National Association for the Advancement of Colored People; and the U.S. Army Corps of Engineers and recognize them in our program guides and flyers as partners who faithfully support our program efforts. Thank you for all the support that the city of Vicksburg has provided for past Dr. King celebrations and we look forward to your continued support.

Please contact me on my cell at 601-630-5847 or on e-mail at binghammorrow@yahoo.com. Thank you for your commitment to help make the 2026 Dr. King celebration a great success!

Sincerely,

Bobbie Bingham Morrow
Bobbie Bingham Morrow
Chair

Ardis T. Williams, Sr. Auditorium

Application for Complimentary Use

Please note: If you are not a City Department utilizing the facility for official City business, your event will require a certificate of insurance. *There may also be additional costs (labor, cleanup, security, etc.) associated with your function.* This will be determined prior to contracting the date/event.

Catered food is permitted in the Auditorium only if prepared and served by a licensed and insured caterer doing business in the State of Mississippi. An exception can be made if the user signs a waiver indemnifying and holding harmless the Board of Mayor and Aldermen and employees elected and appointed of the City of Vicksburg. Beer, wine and liquor must be controlled and dispensed only by a caterer with an off-premise liquor license.

Your request is subject to:

1. Date availability.
2. Review by City of Vicksburg (Criteria of the Comp Use Policy set forth by the Mayor and Aldermen)
3. Signed approval by the Board of Mayor and Aldermen. The process must follow the above three steps before complimentary use is finalized.

Group/Organization Rev. Dr. Martin Luther King, Jr. Birthday Memorial Committee

Primary Contact Person Bobbie Bingham Morrow

Address PO Box 820111

City Vicksburg State MS Zip 39182

Telephone (Day) 601-630-5847 Email binghammorrow@yahoo.com

Date(s) Requested January 19, 2026

Event Start Time(s) 5:00 p.m. Event End Time(s) 7:30 p.m.

*Please attach a separate sheet if more space is required for date(s) and time(s)

Reason for usage (please give as much detail as possible)

40th Annual Federal Holiday and Vicksburg Celebration honoring the life and legacy of Rev. Dr. Martin Luther King, Jr. This event is free admission and open to the public.

Signature Bobbie Bingham Morrow December 30, 2025
Today's Date

Do NOT write below this line

(Signify approval with initials below)

12/31/2025

Reviewed —City Clerk, Deborah A. Kulser-Nickson

Mayor Thompson _____ Alderwoman Bailey _____

Alderman Mayfield _____



-----THIS IS NOT A CONTRACT-----

ARDIS T. WILLIAMS, SR. AUDITORIUM

Mail or fax to: City of Vicksburg • City Clerk's Office
P.O. Box 150 • Vicksburg, MS 39181-0150 • Fax: (601) 631-3778 • Email: lpalmentree@vicksburg.org
To be completed by APPLICANT. Please **PRINT** when filling out this form.

This application must be completed to request use of the Vicksburg Auditorium. The accuracy and completeness of the information provided below are very important in allowing your request to receive maximum consideration. Be as detailed as possible. Until this Auditorium Rental Application is officially received in the City Clerk's Office and a formal Auditorium CONTRACT/ Use Agreement has been executed, there is no legal or binding commitment between the City of Vicksburg and the Applicant.

Contact Person/Title: Bobbie Bingham Morrow/Chair		Organization (Prospective User): Rev Dr Martin Luther King Jr. Birthday Memorial Committee	
Mailing Address: PO Box 820111		City/State/Zip: Vicksburg, MS 39182	
Email Address/Fax #: <u>binghammorrow@yahoo.com</u>		Phone (Include Area Code): 601/630-5847	
Event Name: Rev. Dr. Martin Luther King Jr. Birthday Memorial Failure to provide a detailed & accurate description of your event may result in a delay of approval, and or cancellation.			
Type of Event: Please circle your selection: Convention Meeting Banquet Wedding Reception Wedding & Reception Family Reunion Funeral Concert Comedy Show Church Function Other (Please specify) Public Holiday			
CLIENT MOVE IN-SET UP TIME Time needed in prior to event for client to decorate/set up for caterer, DJ Time: <u>3:30 p.m.</u> to <u>Event Start</u>		Actual Event Start and End times, please be specific Time: <u>5:00 p.m.</u> to <u>7:30 p.m.</u>	
		DATE REQUESTED <u>January 19, 2026</u>	
Will you need the day prior to event for move in or set-up: Yes No (If yes, you will be charged another day's rental plus other fees.) NO		# of Attendees Expected: 200 – 600	Name of security provider: <u>Security Provider must have on file with the City Clerk's Office have a valid insurance certificate and Business License. You are responsible for payment to the security provider. If this section is left blank a security provider will be appointed to secure your event.</u>
Will event be open to the public: Yes No YES		Will you charge admission or collect donations: Yes No NO	
Will you be serving food at this event: Yes No (If yes, you will be responsible for cleaning the area after use, including removing all food wastes. Extra charges will be assessed if the area is not cleaned.) Name of Caterer: <u>N/A</u> If you are bringing in your own food/beverage then you must sign a waiver of liability form. Self Provided Food/Beverage Yes No			
Will you be having any type of entertainment at this event? DJ R&B Hip-hop Blues Gospel Other? If other is checked, please advise what type of entertainment/genre of music will be played: YES, NAACP Choir Gospel			
Will alcohol be present at this event: Yes NO BYOB Person/Caterer who serves alcohol must possess a valid ABC license in the State of Mississippi and a valid liquor liability insurance policy certificate and name the City of Vicksburg as additional insured. If you would like to have a BYOB event please ask about the conditions/terms/costs related to this option.			
Microphones Yes YES		Sound System Yes No (charges will be associated.) YES	
Applicants Name: MORROW		Signature: <u>Bobbie Bingham Morrow</u>	Date: December 30, 2025

Addendum # 1
Ardis T. Williams, Sr. Auditorium

INSURANCE AND INDEMNITY: In connection with each event presented by the CLIENT, CLIENT shall provide AUDITORIUM with a certificate of insurance for comprehensive general liability, including blanket contractual liability, in the amount of \$1,000,000.00 combined single limit for injuries and property damage, including death, sustained by any one person; \$1,000,000.00 in the aggregate per event plus \$500,000.00 for property damage. The terms of the coverage shall coincide with the date(s) of this Facility Use Agreement, including move-in, rehearsals, set-up, move-out and teardown. The insurance policy shall have no encumbrances, which preclude settlement of such claims against it with reference to the event(s) noted in this Facility Use Agreement. In certain circumstances and for certain events that pose higher exposure of liability, AUDITORIUM may at its sole discretion, mandate higher limits of coverage than described in this section.

CLIENT shall name the Board of Mayor and Aldermen, employees, elected and appointed, of the City of Vicksburg, Mississippi; George Flagg, Jr., Michael A. Mayfield, Sr. and Alex J. Monsour, individually, as additional insureds.

Certificate Holder:

Ardis T. Williams, Sr. Auditorium
The Mayor and Aldermen of the City of Vicksburg
Post Office Box 150
Vicksburg MS 39180

Aggregate limits as they relate to insurance requirements here stated shall be on a per event basis. All coverage and limits shall be in an occurrence basis, and not on a claim made basis.

In the event CLIENT does not provide proper certification of the insurance coverage to AUDITORIUM fourteen (14) business days prior to the first date of facility use, this agreement automatically releases AUDITORIUM and its employees from any and all liability pertaining to the use of said facility and may result in the event being automatically canceled. AUDITORIUM may opt to obtain event insurance and hold CLIENT liable for payment on the coverage if AUDITORIUM so chooses. Additionally, CLIENT hereby agrees to release and indemnify AUDITORIUM and to hold AUDITORIUM, its agents and employees harmless from all liability to any participant or invitee.

☒ Please, purchase my insurance for me. I understand this cost will be part of the additional incidental fee I will pay prior to the contracted date.

☐ I will provide my own insurance and the certificate of insurance will be provided to the AUDITORIUM 14 days prior to the first date of facility use

CLIENT agrees to indemnify and hold harmless the AUDITORIUM and CITY, their respective subsidiaries, affiliates, directors, officers, employees, insurers and agents from any and all claims, demands, suits, actions or liabilities resulting from injuries or death to any persons, or damage or loss of any property prior to, during or subsequent to the period covered by this Facility Use Agreement arising from any activity undertaken by CLIENT, or by AUDITORIUM or their employees or agents in the performance of any terms, conditions or promises under this Facility Use Agreement or in the use of the facilities leased or services obligated hereunder, except with the respect to any claim proven to be solely to the willful act of the AUDITORIUM, from which claim AUDITORIUM similarly agrees to indemnify CLIENT. In addition, CLIENT will protect, indemnify and save harmless AUDITORIUM from and against all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including court costs and attorney's fees and related disbursements) imposed upon, incurred by, or asserted against AUDITORIUM by reason of any accident, injury to, or death of persons, or loss of or damage to property occurring on or about the AUDITORIUM arising out of, connected with, or related to the use of the AUDITORIUM by CLIENT as contemplated by this Facility Use Agreement except where caused by the negligence of AUDITORIUM, its agents, employees or invitees. In the case any action, suit or legal proceeding is brought against the AUDITORIUM by reason of any such occurrence, CLIENT (at its expense) will resist, and defend such action, suit, or proceeding, or cause the same to be resisted and defended by counsel subject to AUDITORIUM'S reasonable approval. If CLIENT fails to provide an acceptable attorney and to commence defense within fifteen (15) days of the date of the claim or legal proceeding was filed, then AUDITORIUM can employ an attorney and defend said claim and/or legal proceeding and CLIENT will reimburse AUDITORIUM for all such costs incurred.

Any and all property owned by CLIENT or under CLIENT'S custody or control that is kept in the AUDITORIUM and/or premises owned by AUDITORIUM is at CLIENT'S own risk. AUDITORIUM shall have no liability whatsoever if any such property is damaged, destroyed or lost regardless of cause while it is located in the AUDITORIUM or on other premises owned by the AUDITORIUM.

AUDITORIUM shall not be responsible or held liable for any loss or damage to any property which is owned by CLIENT, CLIENT'S agents or under CLIENT'S control, no matter what the cause, while moving into or moving out of or during storage in the AUDITORIUM. The AUDITORIUM shall not be liable to the CLIENT, its employees or agents for any defects, which at the time of acceptance of the premises exist or which may thereafter develop while being used by the CLIENT.

CLIENT:

Name: Bobbie Bingham Morrow

Date: December 30, 2025

Ardis T. Williams, Sr. Auditorium

CITY OF VICKSBURG

By: 

Deborah A. Kaiser-Nickson, City Clerk

Date: 12/31/2025

Addendum # 6
Ardis T. Williams, Sr. Auditorium

ADVERTISING:

 X Yes, I will be advertising and I am aware that all forms of advertising must be submitted to the AUDITORIUM and approved by the AUDITORIUM before anything can be made public. Advertising to include but not limited to TV, radio, newspaper and flyers.

 No, I will not be doing any form of advertising for this event.

AUDITORIUM reserves the exclusive right to sell or lease any form of advertising on the premises and to determine whether any incidental display of products, logos, etc., may conflict with AUDITORIUM'S rights.

 I understand no advertising for this event is permitted until the Facility Use Agreement has been duly executed by both CLIENT and AUDITORIUM and only after the AUDITORIUM has approved all advertising in advance.

AUDITORIUM further reserves the right to take photographs in the AUDITORIUM at its option.

CLIENT:

Name: Bobbie Bingham Morrow

Date: December 30, 2025

Ardis T. Williams, Sr. Auditorium

CITY OF VICKSBURG

By: 

Deborah A. Nickson, City Clerk

Date: 12/31/2025



Vicksburg
Mississippi



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: Rev. Dr. Martin Luther King Jr. Birthday Memorial

Physical Address of the Event: Ardis Williams Auditorium, 901 Monroe Street, Vicksburg, MS

Mailing Address: P.O. Box 820111, Vicksburg, MS 39182

Telephone Number: 601-630-5847

Website Address: Not applicable

Primary Contact Name: Bobbie Bingham Morrow

Title: Chair **Telephone No:** 601-630-5847

Email Address: binghammorrow@yahoo.com

Secondary Contact Name: Linda Sweezer-Rowster

Title: Co-Chair/Founder **Telephone No:** 601-218-1322

Email Address: linsweezer@hotmail.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: January 19, 2026
(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: \$ 2,000.00

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

The Rev. Dr. Martin Luther King, Jr Birthday Memorial Committee's mission is to host, plan, and implement holiday celebrations in honor of the life and legacy of Rev. Dr. Martin Luther King, Jr., who was a pastor, activist, humanitarian, and civil rights legend. Our purpose is to ensure that an annual celebration is held in Warren County in Mississippi each year. This 2026 celebration will be our 40th annual celebration.

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

The event includes a guest speaker; youth in and outside of the Vicksburg Warren County School District; local and surrounding area musicians and soloists; Commanders of the three U.S. Army Corps of Engineers facilities; local pastors; and Citizens. Local and surrounding area students and adults are offered the opportunity to Showcase their talents.

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

Our organization and this event further community growth and serve a public interest. Through this event our organization brings together in one setting city, county, and Federal government officials, other organizations, church groups of different denominations, and businesses to interact with citizens (adult and youth) and acknowledge the life and legacy of a Nobel prize winning community servant.

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

Funds will be used to pay honorariums, print programs and certificates, purchase supplies and equipment, rentals, and to advertise in newspapers, radio, social media, etc.

- 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) complimentary use of the Auditorium
- ☐ 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
None			\$
			\$
			\$
			\$
			\$
			\$
			\$

8. Anticipated Attendance: 200 – 500

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

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.


Bobbie Bingham Morrow

Requestor

December 31, 2025

Date

Printed Name of Requestor from Above Bobbie Bingham Morrow

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Rev. Dr. Martin Luther King, Jr Birthday Memorial Committee	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. PO Box 820111		Requester's name and address (optional)
6 City, state, and ZIP code Vicksburg, MS 39182		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
8	6		-	1	4	8	9	5 9 0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Bobbie Bingham Manor</i>
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Date December 31, 2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they