

Illinois Department of Revenue

IDR-831 Willard Ice Building Facilities Use Request

Documentation of charitable, religious, civic, or educational status must be submitted with application (if applicable).

Si	tep 1: Organization Inf	rmation
1	Sponsoring organization's na	e:
	Address:	<i>(</i>)
	Phone number:	
	FEIN or Account ID:	
2	Event contact:	Name Email address
3	Organization Type:	☐ Charitable ☐ Educational ☐ Employee ☐ Civic ☐ Other
4	Number of sales events the c	ganization has participated in during the last twelve months:
Si	tep 2: Event Information	1
5	Event Location:	☐ WIB lobby ☐ Healey Room
6	Desired date(s) of event:	to
	Second choice of date(s):	to
7	Times of event:	to
8	Event description and purpos	: (If applicable, attach vendor list, including FEIN or Account ID, and certificate of insurance for each vendor.)
9	Tables	ces related to requirements for the event. Chairs Other
	☐ Electrical outlet	Parking
	tep 3: Sign below	
ful to tha	lly understand the policies and abide by all IDOR restrictions at will be distributed at this eve	that I, representative for, have read and rocedures governing private use of the Willard Ice Building (WIB). I further certify that I agree oncerning the distribution of written materials and that a true and correct copy of all materials is attached. I understand that falsification of the information on this request form or abuse of hing private use of the WIB will result in immediate termination of the event.
Α	pplicant's signature:	Date:
ID	OR signature:	Date:
S	ubmit your completed form to	ev.BuildingUse@illinois.gov.
Approver's Use Only: Tax Exempt Organization Proof of Insurance Tax Compliant		
	Approved	Denied Initials or signature

Disclosure of this information is voluntary. Failure to provide information could result in denial of private use of building.