In Reply Refer To:
FWS/ABMO/053377

To: Director

From: Acting Assistant Director and Chief Financial Officer – Business Management and Operations

Subject: Delegation of Authority for Use of Alcoholic Beverages in Service Occupied or Controlled Facilities

As required by 310 DM 13, exemptions for the use of alcoholic beverages at U.S. Fish and Wildlife Service (Service) occupied or controlled facilities may only be approved by the Director or his or her designee.

This memorandum requests the designation of the Assistant Director – Business Management and Operations as the approving official for the Service.

Approved:

Deputy Director

Date 12/14/12
In Reply Refer To:
FWS/

Memorandum

To: Assistant Director and Chief Financial Officer – Business Management and Operations

From:

Subject: Request for Authorization to Serve Alcoholic Beverages at

We are requesting permission to serve alcoholic beverages (beer and wine) at an event at the ______________________________. The following information is submitted for your consideration.

1. What are the purposes of the functions?

2. When will the function be held? What location? During what time?

3. How will the service of alcoholic beverages be controlled?

4. What measures will be taken to ensure that minors are not served alcoholic beverages?

5. Will beverages be dispensed by a non-drinking bartender?

6. What kind of alcoholic beverages will be served?

7. What steps will be taken to limit the number of beverages served to attendees to avoid intoxication or impaired judgment/reflexes?

8. Will an employee be designated to oversee the function? Name and title?

9. Will, as a standard measure, food be served with the alcoholic beverages?
10. What arrangement will be made to transport home persons who have overindulged?

11. Will attendance at the function where alcoholic beverages are served be mandatory?

If there are any questions concerning this request, please contact ________________.

APPROVE: ____________________      DISAPPROVE: ____________________

DATE: ________________________      DATE: ________________________