

**Record No: OD-198**

1 Day Alcohol License

Status: Active

Submitted On: 2/19/2026


**Primary Location**

No location

**Owner**

No owner information

**Applicant**

 Kathleen Van Winkle

South Hadley, Ma 01075

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## Applicant Email

Check this box if the applicant does not have an email address.



Applicants CANNOT purchase alcoholic beverages from a package store. Per the ABCC, please see the list of authorized sources from which to purchase alcohol here: <https://www.mass.gov/info-details/apply-for-a-special-license-or-permit-abcc>

**\*APPLICATIONS MUST BE SUBMITTED AT LEAST TWO WEEKS IN ADVANCE OF AN EVENT. APPLICATIONS SUBMITTED LESS THAN TWO WEEKS IN ADVANCE WILL NOT BE ACCEPTED FOR REVIEW BY THE SELECTBOARD.\***

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## Permit Info

**Permit For\***

1 Day Beer and Wine

**Check This Box to Request Multiple Dates**

**Number of Dates Requested**

2

**Check This Box If Event(s) Is/Are Being Held On Town Property**

Check this box to acknowledge that individual applicants can be approved for up to 30 permits per year. \*



## Event Details

**Date of Event\***

05/08/2026

**Alternate Date**

06/12/2026

**I acknowledge that the alternate date is only valid if the event is rescheduled.**



**Name or Organization Hosting Event\***

Gaylord Memorial Library Association

**Street address of where the event is held\***

47 College St

**Hours of event operation (Ex. 8:00 AM - 5:00 PM)\***

5:00 PM - 7:30 PM

**Hours during which alcohol will be served \***

5:30 PM - 7:00 PM

**Describe in a paragraph specific details of the event and what is taking place.\***

Fundraiser for the library, with small appetizers and wine tasting

**Provide a description of where alcohol will be sold and consumed on site.\***

In the rotunda and main entrance

**Describe how you will designate to where alcohol sales and consumption will be limited on site.\***

Let guests know upon entry.

**Date of Event\***

04/10/2026

**Alternate Date**

05/08/2026

**I acknowledge that the alternate date is only valid if the event is rescheduled.**



**Name or Organization Hosting Event\***

Gaylord Memorial Library Association

**Street address of where the event is held\***

47 College St

**Hours of event operation (Ex. 8:00 AM - 5:00 PM)\***

5:00 PM - 7:30 PM

**Hours during which alcohol will be served \***

5:30 PM - 7:00 PM

**Describe in a paragraph specific details of the event and what is taking place.\***

Fundraiser for the library, with light snacks and wine tasting

**Provide a description of where alcohol will be sold and consumed on site.\***

In the rotunda and main entrance

**Describe how you will designate to where alcohol sales and consumption will be limited on site.\***

Let guests know upon entry.

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## Signature

**I acknowledge that issuance of a 1 Day Alcohol license does not exempt me from additional licensing requirements (ex. entertainment license, mobile food permit, etc.).\***



**By checking this box and typing my name I do hereby certify under the pains and penalties of perjury that the information provided in this application is true and correct.\***



Type your full name\*

Kathleen Van Winkle