

Record No: OD-205

1 Day Alcohol License

Status: Active

Submitted On: 3/26/2026


Primary Location

No location

Owner

No owner information

Applicant

 Michael McCray



[REDACTED]
[REDACTED]
55 ALVORD ST
SOUTH HADLEY, MA 01075

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.

Permit Info

Permit For*

1 Day All Alcohol

Check This Box to Request Multiple Dates

Number of Dates Requested

24

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*

06/05/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

06/06/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

06/12/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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Live music being played in an open field setting.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

06/13/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St.

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

06/19/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

06/20/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St.

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

06/26/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

06/27/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

07/10/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

07/11/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

07/17/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

07/18/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

07/24/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

07/25/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

07/31/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

08/01/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

08/07/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

08/08/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

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Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

08/14/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

08/15/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

08/21/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

08/22/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIPS certified and will monitor for over consumption. This type of event has guests continually moving, and the outdoor cold temperatures limits lingering and repeat customers.

Date of Event*

08/28/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

Live music being played in an open field setting.

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

Will be sold from mobile trailers and a stand alone building in the vicinity of the stage area.

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

Servers will be TIP certified to monitor for over consumption. On site sales will be sold in clear cups to distinguish from other beverages being consumed on site.

Date of Event*

08/29/2026

Alternate Date

—

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

Name or Organization Hosting Event*

McCrays Farm

Street address of where the event is held*

55 Alvord St

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

0900-2200

Hours during which alcohol will be served *

1200-2200

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

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

Servers will be TIPS certified and will monitor for over consumption. This type of event has guests continually moving, and the outdoor cold temperatures limits lingering and repeat customers.

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*

Stephen McCray