HEW YORK STATE	Liquor Authority
You	Lorentzeri

_		USE ONLY	
Original	Amended	Date	

49

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent:	November 13, 2025	1a. Delivered by:	Fed Ex: 8861 0865 3207	
			FedEx: 8864 8807 8780	Received
Select the type of Ap For premises outside	oplication that will be filed with the Autho the City of New York:	ority for an On-Premises A	Icoholic Beverage License:	DEC v 1 2025
New Application	Removal Class Change			by Community Board 3. M
For premises in the C	ity of New York: (counties of Kings, New	York, Bronx, Queens and	Richmond):	
	New Application and Temporary Ref			
	Method of Operation O Corporate			
For Alteration applicant For Alteration application for Corporate Change For Removal applications of Class Change application for Method of Operation Please include all descriptions of Change and Change and Change applications of Change and C	ary Retail Permit applicants, answer eachts, answer all questions ants, attach a complete written descriptive applicants, attach a list of the current ants, attach a statement of your current allicants, attach a statement detailing you tion Change applicants, although not resouments as noted above. Failure	on and diagrams depicting and proposed corporate p nd proposed addresses we reurent license type and quired, if you choose to su to do so may result in a	g the proposed alteration(s) principals ith the reason(s) for the relocation your proposed license type ubmit, attach an explanation detailing disapproval of the application.	
This 30-Day Advand	ce Notice is Being Provided to the C	lerk of the Following Lo	ocal Municipality or Community	Board:
3. Name of Municipality	or Community Board: Manhattan (Community Board	No. 3	
Applicant/Licensee				
4. Licensee License ID (if	applicable): Pending	Expir	ration Date (if applicable): Pendi	ng
5. Applicant or Licensee I	Name: The Stone Rabbit LLC			
	To be determined			
7. Street Address of Estal	blishment: 170 Avenue A aka	500 East 11th Stree	et	
8. City, Town or Village:			NY Zip Code: 10009	
9. Business Telephone Ne	umber of applicant/Licensee: Pendi	ng	2000)	
10. Business E-mail of App	licant/Licensee: marianna@the	stonerabbitnyc.com	m and jules@brpclaw.com	
11. Type(s) of alcohol sold		Wine, Beer & Cider		
12. Extent of Food Service	: O Full Food menu; full kitchen run by	a chef/cook \delta Menu me	ets legal minimum food requiremen	ts: food prep area required
13. Type of Establishment:	Cafe with bookstore			so, rood prepared required
14. Method of Operation: (check all that apply)	Seasonal Establishment Juk Live Music (give details i.e., rock ba		Recorded Music Karac	oke
*On occasion	Patron Dancing Employee D			
	☐ Video/Arcade Games ☐ Third	Party Promoters S	Security Personnel	
	Other (specify):			
15. Licensed Outdoor Area (check all that apply)	Patio or Deck Sidewalk Cafe Other (sp		den/Grounds	ing Covered Structure

....

	Original	OFFICE US Amended	SE ONLY Date	
				49
16. List the floor(s) of the bu	uilding that the establishme	ent is located on: N/A		
17. List the room number(s)	the establishment is locate	ed in within the building,	if appropriate: N/A	
18. Is the premises located v	within 500 feet of three or r	nore on-premises liquor (
			shment during all hours of operation?	8 6
			ed) provide the name and ID number of	
N/A		Addition to being parchase	ed) provide the name and ID number of	the licensee:
21. Does the applicant or lice	Name ensee own the building in w	which the establishment in	License ID N	
	2	When the establishment is	s located?	Ø No
	Owner of the B	Building in Which the L	icensed Establishment is Located	
22. Building Owner's Full Nar		anagement Servic		
23. Building Owner's Street A	Ziviigston ivi			
		35th Street, 14th Fl	oor	
-	New York		State: New York	Zip Code: 10001
25. Business Telephone Num	ber of Building Owner:	212 760 2690		
Ap 26. Representative/Attorney's		o trame in Alconol at 1	the Applicant in Connection with the Establishment Identified in this ./ Bernstein Redo & Savitsl	Notice
27. Representative/Attorney's			nericas - 5th Floor	
28. City, Town or Village: N	ew York		State: New York	Zip Code: 10036
29. Business Telephone Numb	er of Representative/Attor	ney: 212 651 3100		1 10000
30. Business E-mail Address of	Representative/Attorney:	donald@brpcla	w.com	
the Authority upon, and the	when granting the licer hat false representation	nformity with represennse. I understand that is may result in disappro	egal entity that holds or is applying stations made in submitted docume representations made in this form soval of the application or revocation the representations made in this form the representations made in this form	nts relied upon by will also be relied n of the license.
31. Printed Principal Name:	Marianna Vaidm	an Stone	Title: Managing Mem	ber
Principal Signature:	(1/2- Vh. ste	?		
Date:	November 13, 2025			

BERNSTEIN REDO & SAVITSKY PC -ATTORNEYS AT LAW-

1177 AVENUE OF THE AMERICAS, 5TH FL NEW YORK, NEW YORK 10036 TEL (212) 651-3100

> DONALD M. BERNSTEIN MARTHA M. REDO BENJAMIN SAVITSKY

11.28.2025 amended cover letter and Thirty-day notice to show new applicant entity Vaidstone Holdings LLC

November 13, 2025

FedEx

Manhattan Community Board No. 3 59 East 4th Street New York, New York 10003 Attention: Stetzer, Susan, District Manager and Ed Chan, Community Associate

Re: The Stone Rabbit LLC Vaidstone Holdings LLC

170 Avenue A aka 500 East 11th Street

New York, New York 10009

Dear Susan and Ed:

I am providing the statutory Thirty-day notice of intention to file applications for a tavern wine license and temporary retail permit with the New York State Liquor Authority for The Stone Rabbit LLC. Vaidstone Holdings LLC

The current business at the space is Meir & Company Inc dba 7 Eleven Store 36678A that holds a grocery store beer license.

Please place the applicant on the December agenda.

Thank you.

Very truly yours,

Jules Vigh

Jules Vigh

Paralegal

Enclosure