

COPY

Alcohol License Application
Physical Address:
Augusta Planning & Development
1803 Marvin Griffin Rd
Augusta, GA 30906
706-312-5038



Alcohol License Number (Office Use Only): LCB2025000888

AN26-34

Alcohol Beverage Application

Business Legal Name: DIAMOND CUISINE

If registered with the Georgia Secretary of State, a copy of the current year registration is required. Out of state businesses must register as a foreign entity with the Georgia Secretary of State. If you are a sole proprietor, provide your legal name.

Physical Location: 718 BROAD STREET AUGUSTA, GEORGIA 30901

(Complete Street Address - City, State, Zip Code)

Business Location: Map & Parcel #: 047-1-054-00-0

Zoning: B2

Business Phone: (706) 877.0600

Home Phone: [REDACTED]

Applicant Name: JUDY PEARL MITCHELL

Applicant's Address: [REDACTED]

(Complete Street Address - City, State, Zip Code)

Applicant's Social Security: [REDACTED]

Date of Birth: [REDACTED]

If Applicant is a transfer, list previous Applicant: _____

Location Manager(s): 1. _____

2. _____

3. _____

Is Applicant an American Citizen or Alien lawfully admitted for permanent residency? Yes No

Ownership Information

Corporation (if applicable): Date Chartered: _____

Mailing Address:

Name of Business: DIAMOND CUISINE

Attention: _____

Address: 718 BROAD STREET

City/State/Zip: AUGUSTA, GEORGIA 30901

Ownership Type: Corporation Partnership Individual

Corporate Name: _____

List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

What type of business will you operate in this location?

- Restaurant – Full
 Restaurant – Limited
 Hybrid
 Lounge
 Convenience Store
 Package Store
 Other: _____

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer					
Consumption on Premises	YES	YES	YES		YES
Wholesale					

Total License Fee: \$ 5610 Prorated License Fee (After July 1 ONLY): \$ 2805

Have you ever applied for an Alcohol Beverage License before? Yes No

If so, give year of application and its disposition: _____

Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages?

Yes
 No
 If so, please initial: jm

Attach a passport-sized photograph (front view) take within two years. Write name on back of the dealer submitting the license application.

Has any liquor business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulation of Augusta – Richmond County or the State Revenue Commission relating to the sale and distribution of distilled spirits? Yes No

If yes, give full details:

Have you ever been arrested, or held by Federal, State, or other law-enforcement authorities, for any violation of any Federal, State, County, or Municipal law, regulation or ordinance? (Do not include traffic violations, with the exception of any offense pertaining to alcohol or drugs.) All other charges must be included, even if they are dismissed. Yes No

If yes, give reason charged or held, date and place where charged and its disposition.

List owner or owners of the building and property.

VINCENT DAVIS

N/A

List the name and other required information for each person, firm or corporation having any interest in the business.

N/A

N/A

If a new application, attach a surveyor's plat and state the straight-line distance from the property line of school, church, library, or public recreation area to the wall of the building where alcohol beverages are being sold.

A) Church: _____

C) School _____

B) Library: _____

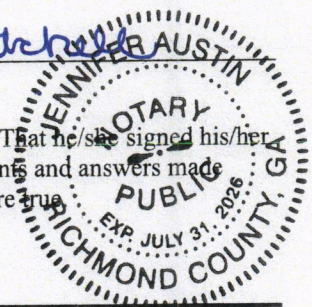
D) Public Recreation: _____

State of Georgia, Augusta-Richmond County, I, Judy P. Mitchell, do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the forgoing alcoholic beverage application are true

Judy P. Mitchell
Applicant Signature

I hereby certify that Judy P. Mitchell is personally known to be. That he/she signed his/her name to the forgoing allocation stating to me that he/she knew and understood all statements and answers made herein, and, under oath administered by me, has sworn that said statements and answers are true.

This 7th day of May, in the year 2026



Office Use Only

Department Recommendation	Approve	Deny	Comments
Alcohol Inspection	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Sheriff	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Fire Inspector	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

The Board of Commissioners on the ___ day of _____, in the year _____, (Approved/Disapproved) the forgoing application.

Administrator

Date