



OREGON LIQUOR & CANNABIS COMMISSION
Local Government Recommendation – Liquor License

Annual Liquor License Types

Off-Premises Sales	Brewery-Public House
Limited On-Premises Sales	Brewery
Full On-Premises, Caterer	Distillery
Full On-Premises, Commercial	Grower Sales Privilege
Full On-Premises, For Profit Private Club	Winery
Full On-Premises, Non Profit Private Club	Wholesale Malt Beverage & Wine
Full On-Premises, Other Public Location	Warehouse
Full On-Premises, Public Passenger Carrier	

Section 1 – Submission – To be completed by Applicant:

License Information

Legal Entity/Individual Applicant Name(s): CSS INC

Proposed Trade Name: UMAI

Premises Address: 5069 RIVER ROAD N

Unit:

City: KEIZER

County: MARION

Zip: 97303

Application Type: ☒ New License Application ☐ Change of Ownership ☐ Change of Location

License Type: Limited On-Premises Sales ☐ Additional Location for an Existing License

Application Contact Information

Contact Name: SHANSHAN CHEN

Phone: [REDACTED]

Mailing Address: 5069 RIVER ROAD N

City: KEIZER

State: OREGON

Zip: 97303

Email Address: [REDACTED]

Business Details

Please check all that apply to your proposed business operations at this location:

- ☐ Manufacturing/Production
- ☐ Retail Off-Premises Sales
- ☒ Retail On-Premises Sales & Consumption

If there will be On-Premises Consumption at this location:

- ☒ Indoor Consumption ☐ Outdoor Consumption
- ☐ Proposing to Allow Minors

Section 1 continued on next page



Local Government Recommendation – Liquor License

Section 1 Continued – Submission - To be completed by Applicant:

Legal Entity/Individual Applicant Name(s): CSS INC

Proposed Trade Name: UMAI

IMPORTANT: You MUST submit this form to the local government PRIOR to submitting to OLCC.
Section 2 must be completed *by the local government* for this form to be accepted
with your CAMP application.

Section 2 – Acceptance - To be completed by Local Government:

Local Government Recommendation Proof of Acceptance

After accepting this form, please return a copy to the applicant with received and accepted information

City or County Name: *City of Keizer*

Optional Date Received Stamp

Date Application Received: *5/23/25*

Received by: *Melissa Bisset, City Recorder*

Section 3 – Recommendation - To be completed by Local Government:

- ☐ Recommend this license be granted
- ☐ Recommend this license be denied (Please include documentation that meets OAR 845-005-0308)
- ☐ No Recommendation/Neutral

Name of Reviewing Official:

Title:

Date:

Signature:

After providing your recommendation and signature, please return this form to the applicant.

damage that may result from the background check and/or furnishing the information requested. I hereby release the City of Keizer, the Keizer Police Department and its officers, agents and elected officials from any and all claims should I be disqualified from receiving an Oregon Liquor License based on information of an adverse nature.

<div style="background-color: black; width: 200px; height: 25px; margin-bottom: 5px;"></div> <hr/> <div>Signature</div> <div style="margin-top: 20px;">SHANSHAN CHEN</div> <hr/> <div>Printed Full Name</div>	<div style="text-align: center; margin-bottom: 5px;">PRESIDENT</div> <hr/> <div>Affiliation to Business (Owner, Employee, etc.)</div> <div style="margin-top: 20px; text-align: center;">05/22/2025</div> <hr/> <div>Date</div>
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OFFICE USE ONLY	
<input type="checkbox"/> Disqualifying Information Found	<input type="checkbox"/> No Disqualifying Information Found
<div>Date: _____</div> <div>Initials: _____</div>	