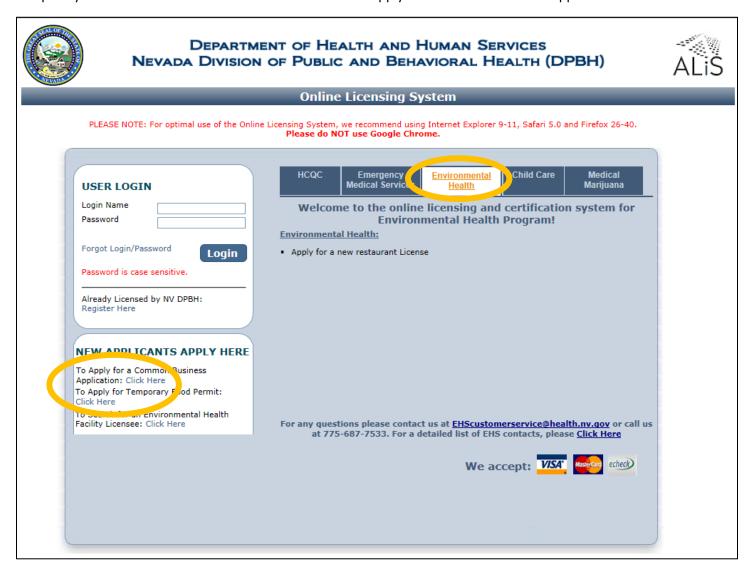
# **ALiS**

# **Centralized Licensing, Inspections and Complaints System (CLICS)**

## **Food Establishments- Consumer Log On Instructions**

To begin the licensing process, go to <a href="https://nvdpbh.aithent.com/login.aspx">https://nvdpbh.aithent.com/login.aspx</a> and then click on the Environmental Health tab (the middle tab). If you will apply for a temporary permit then click on the link "Click Here" under "Apply for a Temporary Food Permit" otherwise click on the link under "Apply for a Common Business Application":



#### **Initial Registration Page:**



You will need to fill out the following:

- Facility Name (DBA): this should be the registered name of your business.
- **NV Business ID:** if you have a state business ID, enter it here. It would be "NV" followed by 11 numbers.
- Mailing Address Section:
  - o Address is the street address where you receive correspondence for your business
  - o City/State/County/Zip: enter the appropriate values that go with the address
  - Phone/Email: this should be the contact information to receive correspondence for your business
- Account Information (Login):
  - The Login Name can be anything using A-Z and 0-9. Take note of it before submitting the form so you don't forget.
  - o Password: must conform to the text in red, for example "MyBusiness.6" contains all the elements needed. Make the password something you can remember, but not easy to guess.
- When you are done with the form, click the **Register** button.

## **Application Types: Food Establishments**

Multiple food establishment types may be selected on this page. For example if your establishment has both a bar and restaurant select:

- Food Establishment (Restaurant) and
- Food Establishment (Bar/Service Bar)

If your establishment has a grocery store you may select

- Food market (Bakery)
- Food Market (Packaged Foods)
- Food Market (Produce)
- Food Market (Meat/Poultry)

Click the Food Establishment option and a list of different Food Establishment license types will be displayed below. The list will include food establishments, food markets, and food manufacturers of various kinds.

A comprehensive list of food establishment credential types and an explanation of risk categories may be found on the Food Establishment section of the <a href="https://doi.org/10.1007/journal.org/">doi:10.1007/journal.org/</a> website.

When you are finished click the **Next** button.

Application Type *								
	application would you like to ap	oply?						
	od Establishment	Public Bathing Place						
Cottage Food Registration Public Accomodations								
Food Establishment Exemption Drug/Cosmetic Manufactur		rer						
○ Shellfish Distributor ○ Camping and Recreational		l Vehicle Park						
O Bottled Water Distributor O Institutions								
○ Certificates of Free Sale ○ Sewage Programs								
○ Fa	arm to Fork Registration							
Crede	ntial Information *	_						
		Category 1 - Low Risk Category 2 - Moderate Risk						
F	Food Establishment (Restaurant)	) Checklist	Endorsement		Category 4 – Very High Risk			
			1					
	J T-tablishment (Bar/Service	Des Charlist	Fdemoment	Category 1 - Low Risk	Category 2 - Moderate Risk			
	ood Establishment (Bar/Service	Bar) Checklist	Endorsement	Category 3 – High Risk	Category 4 – Very High Risk			
			1	_				
	ood Establishment (Catering) C	hecklist	Endorsement	Category 1 - Low Risk	_			
				Category 3 – High Risk	Category 4 – Very High Risk			
				Category 1 - Low Risk	Category 2 - Moderate Risk			
	od Establishment (Snack Bar)	Checklist	Endorsement		Category 4 – Very High Risk			
				Category 1 - Low Risk	Category 2 - Moderate Risk			
	ood Establishment (Portable Fo	od Unit) Checklist	Endorsement	Category 3 – High Risk	Category 4 – Very High Risk			
_			1					
_	ood Establishment Support Faci	ility (Portable Bar Unit)	Endorsement	Category 1 - Low Risk	Category 2 - Moderate Risk			
	hecklist			Category 3 – High Risk	Category 4 – Very High Risk			
			I	Catagory 1 - Low Rick	Cottagony 2 Moderate Diek			
	Food Establishment Support Faci Checklist	lity (Barbeque)	Endorsement	Category 1 - Low Risk Category 3 - High Risk	Category 2 - Moderate Risk  Category 4 - Very High Risk			
V				Category 5 Tilgir Mack	Category 4 - Very fingh Max			
	Manufactured Food (Supplement	rs) Checklist	Endorsement	Category 1 - Low Risk	Category 2 - Moderate Risk			
Ц.	idilulactarea i oca (cappiee	s) Checking	Litadiscilicit	Category 3 – High Risk				
_ N	Manufactured Food (Warehouse)	Checklist	Endorsement		Category 2 - Moderate Risk			
				Category 3 – High Risk				
Rese	et		Next					

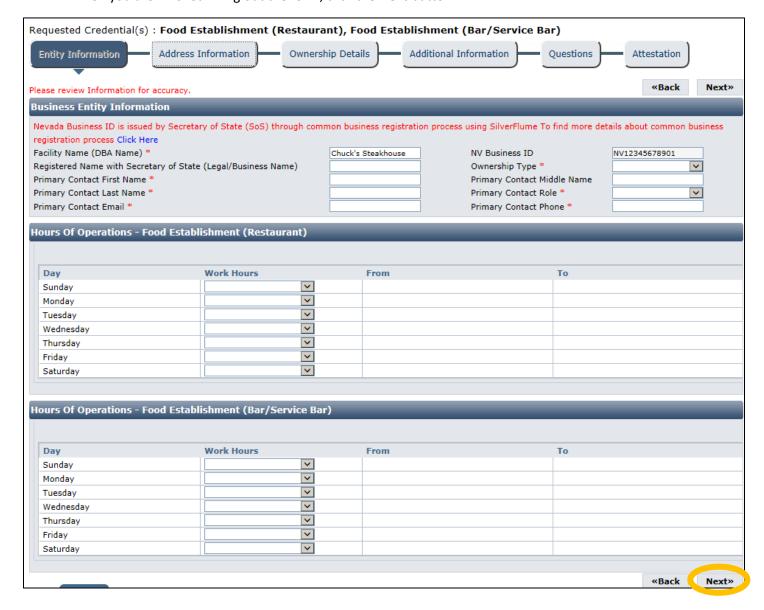
#### **Entity Information:**

#### - Business Entity Information

- Facility Name (DBA): This will be automatically filled in from your registration, however if you mistyped you may correct it here
- o **NV Business ID:** This will be automatically filled in from your registration but cannot be changed here
- o **Registered Name/Legal Business Name**: this should be the exact name on your state business license, if applicable. It may be different from your DBA name.
- o **Ownership Type:** Select from this list. LLC, Corporation, etc. depending on the business type.
- Primary Contact Information: The contact information including name, phone, and email should be for the person that will receive correspondence on licensing issues for the business. Their role may be owner, manager, etc.

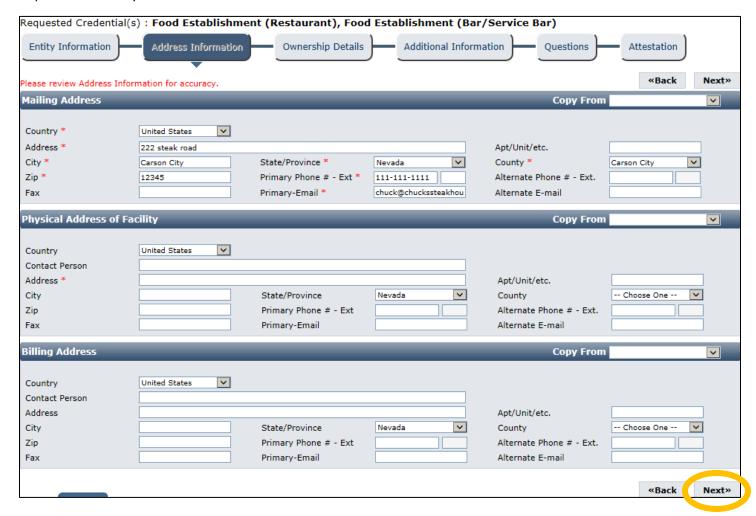
#### - Hours of Operation

- o For each license, enter the hours that the establishment is open. For each day it may be: open 24 hours, closed that day, or open for a fixed time.
- When you are finished filling out the form, click the **Next** button.



#### Address Information:

Most of the information in the mailing address section should appear based on what you have entered previously. The mailing address is where correspondence will be sent, however the physical address is also required for facility inspections. When you have entered these click the **Next** button.



#### Ownership Details:

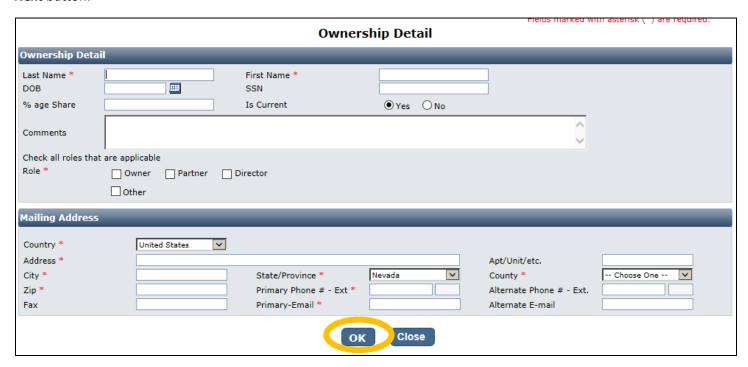
Select the **Add** button to add a new owner. You may not skip this section even if you previously entered all your information.



A popup will appear to enter details. It has the following fields:

- First and Last Name: enter the full first and last name of the owner
- **DOB**: enter the date of birth for this owner
- SSN: enter the social security number for this owner
- % share: enter the approximate percent of ownership of the company for this owner
- Is Current: leave this selected as "Yes"
- Comments: add any additional comments on the relationship of this owner to the business
- Role: select Owner, Partner, Director, or Other (if other, fill in the role)
- **Mailing Address Section**: This may be the personal mailing address of the owner, or it may be the mailing address of the business. Similarly, primary phone and email may be personal or business.

When you are done select the **OK** button. Repeat this process for any other owners. When you are finished, use the **Next** button.



The fields with the red asterisk (\*) are required

#### Additional Information:

In this example we are establishing information for two (2) facility types a Food Establishment (Restaurant) and Food Establishment (Bar/Service Bar). Additional Information sections will be shown for each facility type.

requested eledential(s) . Food Establishine	nt (Restaurant), Food E	stablishment (Bar/Service	Bar)	
Entity Information Address Information	Ownership Details	Additional Information	Questions Attestati	on
			«Ba	ck Next»
Additional Information - Food Establishment (	Restaurant)			
Complete the information that is applicable to your per	rmit type. Leave blank if it not a	applicable.		
Establishment Name *				
Responsible Person *		FDA Certification #		
Number of seats including outside seating area		Facility area in square feet		
Number of drive up windows		Label count		
Camping spaces		Total number of rooms		
Total number of workers		Total number of vehicle		
Open Date		Close Date		
boes your new business require a plan review: If you re		all at 775_687_7533 *	OVec ONe	
	are not sure, please give us a ca	all at 775-687-7533 *	○Yes ○No	
Additional Information - Food Establishment (		all at 775-687-7533 *	Oyes ONo	_
	Bar/Service Bar)		Oyes ONo	-
Additional Information - Food Establishment (	Bar/Service Bar)		Oyes ONo	-
Additional Information - Food Establishment ( Complete the information that is applicable to your per	Bar/Service Bar)		Oyes ONo	_
Additional Information - Food Establishment ( Complete the information that is applicable to your per Establishment Name *	Bar/Service Bar)	applicable.	Oyes ONo	_
Additional Information - Food Establishment ( Complete the information that is applicable to your per Establishment Name * Responsible Person *	Bar/Service Bar)	applicable.  FDA Certification #	Oyes ONo	_
Additional Information - Food Establishment ( Complete the information that is applicable to your per Establishment Name * Responsible Person * Number of seats including outside seating area Number of drive up windows Camping spaces	Bar/Service Bar)	FDA Certification # Facility area in square feet Label count Total number of rooms	Oyes ONo	
Additional Information - Food Establishment ( Complete the information that is applicable to your per Establishment Name * Responsible Person * Number of seats including outside seating area Number of drive up windows	Bar/Service Bar)	FDA Certification # Facility area in square feet Label count Total number of rooms Total number of vehicle		_
Additional Information - Food Establishment ( Complete the information that is applicable to your per Establishment Name * Responsible Person * Number of seats including outside seating area Number of drive up windows Camping spaces	Bar/Service Bar)	FDA Certification # Facility area in square feet Label count Total number of rooms	Oyes ONo	
Additional Information - Food Establishment ( Complete the information that is applicable to your per Establishment Name * Responsible Person * Number of seats including outside seating area Number of drive up windows Camping spaces Total number of workers	Bar/Service Bar)  mit type. Leave blank if it not a	FDA Certification # Facility area in square feet Label count Total number of rooms Total number of vehicle		
Additional Information - Food Establishment ( Complete the information that is applicable to your per Establishment Name * Responsible Person * Number of seats including outside seating area Number of drive up windows Camping spaces Total number of workers Open Date	Bar/Service Bar)  mit type. Leave blank if it not a	FDA Certification # Facility area in square feet Label count Total number of rooms Total number of vehicle Close Date	Choose One V	
Additional Information - Food Establishment ( Complete the information that is applicable to your per Establishment Name * Responsible Person * Number of seats including outside seating area Number of drive up windows Camping spaces Total number of workers Open Date  For which county you would like to register your busine	(Bar/Service Bar)  rmit type. Leave blank if it not a	FDA Certification # Facility area in square feet Label count Total number of rooms Total number of vehicle Close Date	Choose One V	

This information is extremely important for accurate records. It has a section for each license with the same fields:

# The accuracy of this section will determine the fees charged at the end of the on-line application process.

- **Establishment Name**: This is the specific name (usually DBA name) for each license. They may be the same or different depending on how the business is structured.
  - Example: The Red Porch Fine Dining
  - o Example: Red's Bar
- **Responsible Person:** This should be the person-in-charge or owner of the establishment that will be present during an inspection.
- FDA Certification #: enter it here if you have one for the facility (applies mostly to food manufacturers)
- Number of seats: Enter the number of seats in your establishment (for service establishments)
- Number of drive up windows: Enter the number of drive up windows (for service establishments)
- Facility area in square feet: enter the size of your facility (for manufacturing and markets)

- Label count: enter the number of labels you need allocated (for manufacturing)
- **Open Date and Close Date:** This is designed for seasonal establishments. You may enter the open (or expected open) if known.
- County: Select the County that the business is located in. Do not select "All" unless instructed by staff.
- **Plan Review option:** make sure you understand if your license requires a plan review by staff; the answer may be "No", "Full review", or "Remodel" depending on your situation.

This page maintains other fields for other programs. You may leave them blank if they are not applicable to the facility type.

When you are finished entering all the information for all licenses, click the **Next** button.

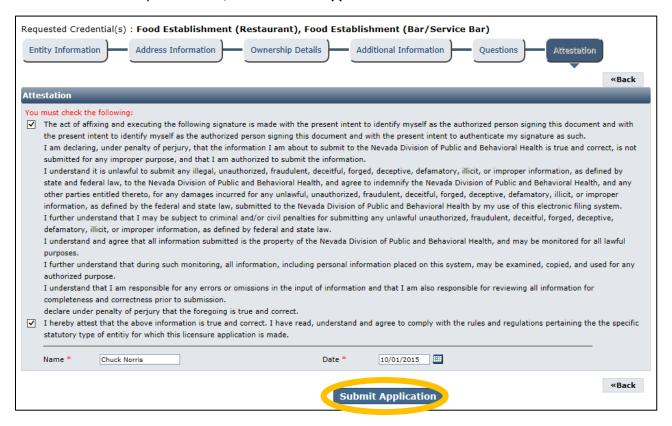
#### Questions:

This page displays a list of questions that must be answered regarding your facility. A hidden box may pop up requesting more information. When you are finished select the **Next** button.



#### Attestation and Electronic Signature:

Read the legal statements and agree by checking the box to the left. Enter your full name (this is your digital signature) and the current date. When you are done, select "Submit Application".



#### Fees:

"Fee Details" explains what fees are being charged for this credential type. If you are satisfied with the charge, select **Pay Now** to continue.



You will be redirected to the secure payment gateway. Select your payment method:



Fill out the form (which depends on the selected payment method) and submit when completed.

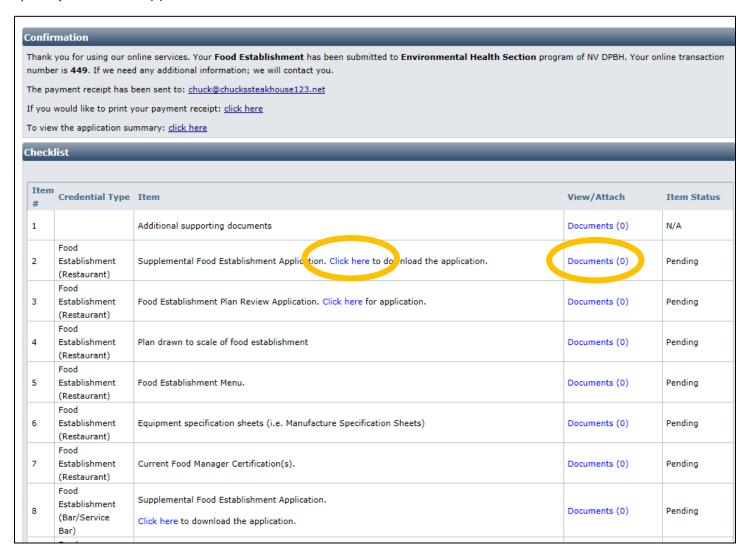
Note your transaction number in bold. There is also the option to print the payment receipt (which is also emailed) and the application summary for your records.

IMPORANT NOTICE: YOU ARE NOT DONE YET

### **Checklist: Applications and Documentation**

Upon completion of the payment submission the site will guide you to the checklist and you will need to add your applications and other documentation.

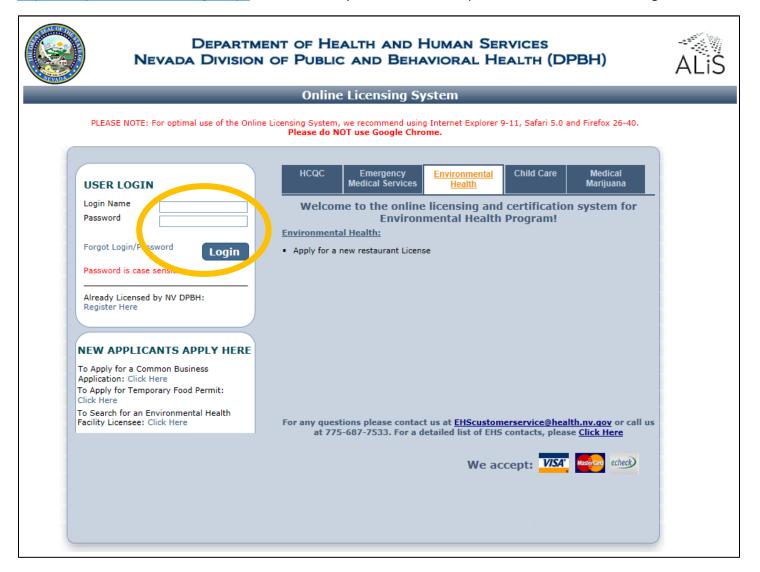
Below is the list of items that need to be completed for the selected licenses. Some items may be optional depending on your situation. Examine each item carefully and if needed, click the "Documents" link in the View/Attach column on the right side to upload a document for staff review. When you do this, a popup will appear with directions on how to upload your document(s).



When all required items are uploaded and/or reviewed, your application will be processed.

## Returning to complete an application:

To return to your account to complete and application or manage your licenses, go to <a href="https://nvdpbh.aithent.com/login.aspx">https://nvdpbh.aithent.com/login.aspx</a> and then enter your user name and password and then click the **Login** button:



You will see a menu on the left side:



Click on "View Pending Online Application(s)". You will see a list of applications for review. Click on "View Details" for the application you want to look at:



Now you will see the check list again where you can review the status of each item and attach additional documents if needed:

	olication Type	Transa	ction #	Current Step		
LOO	d Establishment	449		Review by State		
		1112		,		
hec	klist					
Ite	m					
#	Credential Type	: Item			View/Attach	Item Status
1		Additional supporting documents			Documents (0)	N/A
_					(-,	14
_	Food					
2	Establishment	Supplemental Food Establishment Application. Click	Documents (0)	Pending		
	(Restaurant)					
3	Establishment	Food Establishment Plan Review Application. Click h	Documents (0)	Pending		
	(Restaurant)	1 000 Establishment Flan Review Application. Click I	Documents (0)	rending		
	Food					
4	Establishment	Plan drawn to scale of food establishment	Documents (0)	Pending		
	(Restaurant)			_		
	Food					
5	Establishment	Food Establishment Menu.	Documents (0)	Pending		
	(Restaurant)					
	Food					
6	Establishment	Equipment specification sheets (i.e. Manufacture Sp	)	Documents (0)	Pending	
	(Restaurant)					
_	Food	0 15 14 0 15 17 ()				
7	Establishment (Restaurant)	Current Food Manager Certification(s).	Documents (0)	Pending		
	Food					
	Establishment	Supplemental Food Establishment Application.				
8	(Bar/Service				Documents (0)	Pending
	Bar)	Click here to download the application.				