

ALiS

Centralized Licensing, Inspections and Complaints System (CLICS) Bottled Water Facilities: Consumer Application Guide

To begin the licensing process, go to <https://nvdpbh.aithent.com/login.aspx> and then click on the Environmental Health tab. Select the link under “Apply for a Common Business Application”:

The screenshot shows the ALiS login page. At the top, there are navigation tabs: HCQC, Child Care, and Environmental Health. The 'Environmental Health' tab is circled in yellow. Below the tabs, there is a 'USER LOGIN' section with fields for Login Name and Password, and a 'Login' button. A note states 'Password is case sensitive.' Below this is a 'NEW APPLICANTS APPLY HERE' section, also circled in yellow, with three links: 'To apply for a Common Business Application: Click Here', 'To apply for Temporary Food Permit: Click Here', and 'To Search for an Environmental Health Facility Licensee: Click Here'. The main content area includes a welcome message, instructions for return and new users, a list of license types (e.g., Food Establishment, Public Bathing Places), and contact information for the Environmental Health Section. Payment logos for VISA, MasterCard, echeck, and DISCOVER are shown at the bottom.

Initial Registration Page:

The screenshot shows the initial registration page. It is divided into three main sections: 'Facility Information', 'Mailing Address', and 'Online Account Information'. The 'Facility Information' section includes a note about Nevada Business ID and a field for 'Facility Name (DBA Name) *'. The 'Mailing Address' section includes fields for Country (set to United States), Address, City, Zip, Fax, State/Province (set to Nevada), Primary Phone # - Ext, Primary-Email, Apt/Unit/etc., County (set to -- Choose One --), Alternate Phone # - Ext, and Alternate E-mail. The 'Online Account Information' section includes fields for Login Name, Password, and Re-type Password, with a note that the password must be at least 8 letters long with at least one upper case letter and one number and one special character. At the bottom, there are three buttons: 'Reset', 'Register' (circled in yellow), and 'Back'.

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
 - o Phone/Email: this should be the contact information to receive correspondence for your business
- **Account Information (Login):**
 - o 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: Bottled Water Distributor

Select “Bottled Water Distributor” and then in the area that appears below select the option that is appropriate to your business (either In-State or Out-of-State bottled water). Ignore the risk category checkboxes as they are not needed for this license.

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

The screenshot shows a web form with two main sections: "Application Type" and "Credential Information".

Application Type: A heading with a red asterisk. Below it is the question "Which application would you like to apply?". There are 14 radio button options arranged in two columns. The "Bottled Water Distributor" option is selected and circled in yellow.

Credential Information: A heading with a red asterisk. Below it are two rows of options. The first row is for "Manufactured Food (Bottled Water) (In-State)" and the second is for "Manufactured Food (Bottled Water) (Out-of-State)". Each row has an "Endorsement" label and three checkboxes for "Category 1 - Low Risk", "Category 2 - Moderate Risk", and "Category 3 - High Risk". The "In-State" option is checked and circled in yellow.

At the bottom of the form, there are two buttons: "Reset" and "Next". The "Next" button is circled in yellow.

Entity Information:

- **Business Entity Information**
 - o **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.
 - o **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**

- 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.

Business Entity Information

Nevada Business ID is issued by Secretary of State (SoS) through common business registration process using SilverFlume To find more details about common business registration process [Click Here](#)

Facility Name (DBA Name) *	Mountain Springs Water	NV Business ID	NV12345678901
Registered Name with Secretary of State (Legal/Business Name)	Mountain Springs Water	Ownership Type *	LLC
Primary Contact First Name *	Joe	Primary Contact Middle Name	
Primary Contact Last Name *	Montana	Primary Contact Role *	Owner
Primary Contact Email *	joemontana@mountain	Primary Contact Phone *	111-111-1111

Hours of Operations - Manufactured Food (Bottled Water)(In-State)

Day	Work Hours	From	To
Sunday	Open 24 Hours		
Monday	Open 24 Hours		
Tuesday	Open 24 Hours		
Wednesday	Open 24 Hours		
Thursday	Open 24 Hours		
Friday	Open 24 Hours		
Saturday	Open 24 Hours		

«Back» **Next»**

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

Mailing Address Copy From

Country *	United States	Apt/Unit/etc.	
Address *	222 steak road	County *	Carson City
City *	Carson City	State/Province *	Nevada
Zip *	12345	Primary Phone # - Ext *	111-111-1111
Fax		Primary-Email *	chuck@chuckssteakhou
		Alternate Phone # - Ext.	
		Alternate E-mail	

Physical Address of Facility Copy From

Country	United States	Apt/Unit/etc.	
Contact Person		County	Carson City
Address *	222 steak road	State/Province	Nevada
City	Carson City	Primary Phone # - Ext	111-111-1111
Zip	12345	Primary-Email	chuck@chuckssteakhou
Fax		Alternate Phone # - Ext.	
		Alternate E-mail	

Billing Address Copy From

Country	United States	Apt/Unit/etc.	
Contact Person		County	-- Choose One --
Address		Primary Phone # - Ext	
City		Primary-Email	
Zip		Alternate Phone # - Ext.	
Fax		Alternate E-mail	

«Back» **Next»**

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.

Requested Credential(s) : **Food Establishment (Restaurant), Food Establishment (Bar/Service Bar)**

Entity Information — Address Information — **Ownership Details** — Additional Information — Questions — Attestation

«Back Next»

Ownership Information **Add Delete**

Please click 'Add' to add a new row.

«Back Next»

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.

Fields marked with asterisk (*) are required.

Ownership Detail

Ownership Detail

Last Name * First Name *

DOB SSN

% age Share Is Current Yes No

Comments

Check all roles that are applicable

Role * Owner Partner Director Other

Mailing Address

Country *

Address *

City * State/Province *

Zip * Primary Phone # - Ext *

Fax Primary-E-mail *

Apt/Unit/etc.

County *

Alternate Phone # - Ext.

Alternate E-mail

OK Close

The fields with the red asterisk (*) are required

Additional Information:

The Additional Information section will be shown:

Additional Information - Manufactured Food (Bottled Water)(In-State)

Complete the information that is applicable to your permit type. Leave blank if it not applicable.

Establishment Name *	Mountain Spring Water		
Responsible Person *	Joe Montana	FDA Certification #	1234567890
Number of seats including outside seating area		Facility area in square feet	15000
Number of drive up windows		Label count	10
Camping spaces		Total number of rooms	
Total number of workers		Total number of vehicle	
Open Date		Close Date	

For which county you would like to register your business? * Carson City

Most of the new businesses require a plan review. Please click [here](#) to understand plan review requirements of give us a call at 775-687-7533

Does your new business require a plan review? If you are not sure, please give us a call at 775-687-7533 * Yes No

What type of plan review fee do you own for new business? * Full Plan Review Remodel Plan Review

«Back» **Next»**

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.
 - o **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 #:** If you have an FDA certification number, enter it here.
- **Facility Area in Square Feet:** enter the size of your facility
- **Label Count:** enter the number of labels you will need for your products
- **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 you need a plan review. For In-State licenses, a plan review is generally required. For Out-of-State licenses, select “No” – a plan review is not required.

This page contains fields that are used by 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.

Requested Credential(s) : **Food Establishment (Restaurant), Food Establishment (Bar/Service Bar)**

Entity Information — Address Information — Ownership Details — Additional Information — **Questions** — Attestation

«Back» **Next»**

#	Question	Response
1	Are you or anyone listed in the application now licensed or have been previously licensed for the similar business? If yes, please list the state Agency, type of license and license number.	<input type="radio"/> Yes <input checked="" type="radio"/> No

«Back» **Next»**

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**”.

Requested Credential(s) : **Food Establishment (Restaurant), Food Establishment (Bar/Service Bar)**

Entity Information — Address Information — Ownership Details — Additional Information — Questions — **Attestation**

«Back

Attestation

You must check the following:

The act of affixing and executing the following signature is made with the present intent to identify myself as the authorized person signing this document and with the present intent to authenticate my signature as such.
I am declaring, under penalty of perjury, that the information I am about to submit to the Nevada Division of Public and Behavioral Health is true and correct, is not submitted for any improper purpose, and that I am authorized to submit the information.
I understand it is unlawful to submit any illegal, unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by state and federal law, to the Nevada Division of Public and Behavioral Health, and agree to indemnify the Nevada Division of Public and Behavioral Health, and any other parties entitled thereto, for any damages incurred for any unlawful, unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by the federal and state law, submitted to the Nevada Division of Public and Behavioral Health by my use of this electronic filing system.
I further understand that I may be subject to criminal and/or civil penalties for submitting any unlawful unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by federal and state law.
I understand and agree that all information submitted is the property of the Nevada Division of Public and Behavioral Health, and may be monitored for all lawful purposes.
I further understand that during such monitoring, all information, including personal information placed on this system, may be examined, copied, and used for any authorized purpose.
I understand that I am responsible for any errors or omissions in the input of information and that I am also responsible for reviewing all information for completeness and correctness prior to submission.
I declare under penalty of perjury that the foregoing is true and correct.

I hereby attest that the above information is true and correct. I have read, understand and agree to comply with the rules and regulations pertaining the the specific statutory type of entity for which this licensure application is made.

Name * Date *

Submit Application «Back

Fees:

“Fee Details” explains what fees are being charged for this credential type. Select **Pay Now** to continue.

Fee Details

Licensing fee (051-Manufactured Food (Bottled Water)(In-State))	\$150.00
Labels (Manufactured Food (Bottled Water)(In-State))	\$830.00
Plan Review Fee (Manufactured Food (Bottled Water)(In-State))	\$200.00
Total Fee	\$1,180.00

Edit Application **Pay Now**

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

How would you like to pay?

Card

PAY BY

VISA MASTERCARD

eCheck

PAY WITH

echeck

Cancel Order

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

IMPORTANT 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. 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.

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).

Confirmation				
Thank you for using our online services. Your Bottled Water Distributor has been submitted to Environmental Health Section program of NV DPBH. Your online transaction number is 458 . If we need any additional information; we will contact you.				
The payment receipt has been sent to: chuck@chuckssteakhouse123.net				
If you would like to print your payment receipt: click here				
To view the application summary: click here				
Checklist				
Item #	Credential Type	Item	View/Attach	Item Status
1		Additional supporting documents	Documents (0)	N/A
2	Manufactured Food (Bottled Water)(In-State)	Supplemental Application for a Bottled Water Distributor. Click here for application.	Documents (0)	Pending
3	Manufactured Food (Bottled Water)(In-State)	Food Establishment Plan Review Application. Click here for application.	Documents (0)	Pending
4	Manufactured Food (Bottled Water)(In-State)	Plan drawn to scale of food establishment	Documents (0)	Pending
5	Manufactured Food (Bottled Water)(In-State)	Product List	Documents (0)	Pending
6	Manufactured Food (Bottled Water)(In-State)	Equipment specification sheets (i.e. Manufacture Specification Sheets)	Documents (0)	Pending
7	Manufactured Food (Bottled Water)(In-State)	Sanitation Manager	Documents (0)	Pending
8	Manufactured Food (Bottled Water)(In-State)	Label Application. Click here for application	Documents (0)	Pending
9	Manufactured Food (Bottled Water)(In-State)	Copies of 3 most recent bacteriological tests for each product	Documents (0)	Pending
10	Manufactured Food (Bottled Water)(In-State)	Copy of permit issued by local authority	Documents (0)	Pending
11	Manufactured Food (Bottled Water)(In-State)	Copy of recent chemical analysis of water source and finished product.	Documents (0)	Pending
12	Manufactured Food (Bottled Water)(In-State)	Water source approval documentation	Documents (0)	Pending

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 an application or manage your licenses, go to

<https://nvdph.athent.com/login.aspx> and then enter your user name and password and then click the **Login** button:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)

Online Licensing System

PLEASE NOTE: For optimal use of the Online Licensing System, we recommend using Internet Explorer 9-11, Safari 5.0 and Firefox 26-40. Please do NOT use Google Chrome.

USER LOGIN

Login Name:
Password:

Forgot Login/Password

Password is case sensitive.

Already Licensed by NV DPBH:
Register Here

NEW APPLICANTS APPLY HERE

To Apply for a Common Business Application: [Click Here](#)
To Apply for Temporary Food Permit: [Click Here](#)
To Search for an Environmental Health Facility Licensee: [Click Here](#)

For any questions please contact us at EHScustomerservice@health.nv.gov or call us at 775-687-7533. For a detailed list of EHS contacts, please [Click Here](#)

We accept:

You will see a menu on the left side:

Contact Information

Name: Chuck's Steakhouse
222 steak road
Carson City NV 12345
Phone #: 111-111-1111
Email: chuck@chuckssteakhouse123.net

WHAT DO YOU WANT TO DO?

- View Pending Online Application(s)
- Renew
- Apply for New License
- Statement of Deficiency/OOC
- Pay Invoice(s)
- Remodel
- Change Contact Information
- View Credential(s)
- Change Password

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

Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Cottage Food Registration	451	10/02/2015	Review by State	Application Summary	View Details	Withdraw
Food Establishment	449	10/01/2015	Review by State	Application Summary	View Details	Withdraw