

# ALiS

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

### Consumer Log On

To begin the licensing process, go to <https://nvdpbh.aithent.com/login.aspx> and then click on the Environmental Health tab (the last tab). Apply for a "Common Business Application":

The screenshot shows the ALiS login page. At the top, there are three 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', a 'Forgot Login/Password' link, and a 'Login' button. Below this, it says 'Password is case sensitive.' and 'Already Licensed by NV DPBH: Register Here'. To the right, there is a 'Welcome to the online Permits and Renewals system for the Environmental Health Section:' message. Below this, there are instructions for 'Return Users' and 'New Users'. A section titled 'Select the Common Business Application on the left hand side to apply for the following annual license types:' lists various application types. The 'NEW APPLICANTS APPLY HERE' section is circled in yellow and contains links for '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'. At the bottom, there is contact information for 'EHScustomerservice@health.nv.gov' and a list of accepted payment methods: VISA, MasterCard, echeck, and DISCOVER.

### 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 form for 'Facility Name (DBA Name) \*' and 'NV Business ID'. The 'Mailing Address' section includes fields for 'Country \*' (United States), 'Address \*', 'City \*', 'State/Province \*' (Nevada), 'Zip \*', 'Fax', 'Apt/Unit/etc.', 'County \*' (Choose One), 'Primary Phone # - Ext \*', 'Primary-Email \*', 'Alternate Phone # - Ext.', and 'Alternate E-mail'. The 'Online Account Information' section includes fields for 'Login Name \*', 'Password \*', and 'Re-type Password \*'. A note states: 'Password is case sensitive and 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: Certificates of Free Sale

Select “Certificates of Free Sale” and then in the area that appears below select “Certificates of Free Sale”.

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

**Application Type \***

Which application would you like to apply?

Food Establishment       Public Bathing Place  
 Cottage Food Registration       Public Accommodations  
 Food Establishment Exemption       Drug/Cosmetic Manufacturer  
 Shellfish Distributor       Camping and Recreational Vehicle Park  
 Bottled Water Distributor       Institutions  
 **Certificates of Free Sale**       Sewage Programs  
 Farm to Fork Registration

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**Credential Information \***

Certificates of Free Sale [Checklist](#)      Endorsement      N/A

    

## Entity Information:

**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) *	<input type="text" value="Jim's Exports"/>	NV Business ID	<input type="text" value="NV12345678901"/>
Registered Name with Secretary of State (Legal/Business Name)	<input type="text" value="Jim's Exports"/>	Ownership Type *	<input type="text" value="LLC"/>
Primary Contact First Name *	<input type="text" value="Jim"/>	Primary Contact Middle Name	<input type="text"/>
Primary Contact Last Name *	<input type="text" value="Carry"/>	Primary Contact Role *	<input type="text" value="Owner"/>
Primary Contact Email *	<input type="text" value="jim@jimexports49.com"/>	Primary Contact Phone *	<input type="text" value="111-111-1111"/>

    

- **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.

- **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.
- 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.

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

  

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

  

Billing Address				Copy From			
Country	United States						
Contact Person				Apt/Unit/etc.			
Address				County	-- Choose One --		
City		State/Province	Nevada	Alternate Phone # - Ext.			
Zip		Primary Phone # - Ext		Alternate E-mail			
Fax		Primary-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 *	<input type="text"/>	First Name *	<input type="text"/>
DOB	<input type="text"/>	SSN	<input type="text"/>
% age Share	<input type="text"/>	Is Current	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments	<div style="border: 1px solid #ccc; height: 30px;"></div>		

Check all roles that are applicable

Role \*  Owner  Partner  Director  
 Other

**Mailing Address**

Country *	<input type="text" value="United States"/>			
Address *	<input type="text"/>	Apt/Unit/etc.	<input type="text"/>	
City *	<input type="text"/>	State/Province *	<input type="text" value="Nevada"/>	County *
Zip *	<input type="text"/>	Primary Phone # - Ext *	<input type="text"/>	<input type="text" value="-- Choose One --"/>
Fax	<input type="text"/>	Primary-Email *	<input type="text"/>	Alternate Phone # - Ext.
				<input type="text"/>
				Alternate E-mail
				<input type="text"/>

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

## Additional Information:

The Additional Information section will be shown:

**Additional Information - Certificates of Free Sale**

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

Establishment Name *	<input type="text" value="Jim's Exports"/>	Responsible Person *	<input type="text" value="Jim Carry"/>	FDA Certification #	<input type="text"/>
Number of seats including outside seating area	<input type="text"/>	Facility area in square feet	<input type="text"/>	Label count	<input type="text"/>
Number of drive up windows	<input type="text"/>	Total number of rooms	<input type="text"/>	Total number of vehicle	<input type="text"/>
Camping spaces	<input type="text"/>	Open Date	<input type="text"/>	Close Date	<input type="text"/>
Total number of workers	<input type="text"/>	For which county you would like to register your business? *			
		<input type="text" value="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

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.
- **Label Count:** Enter the number of labels needed (for manufacturing, if applicable)
- **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:** Select "No" – this license type does not need a plan review.

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

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**Questions**

#	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**

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**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 to the specific statutory type of entity for which this licensure application is made.

Name \*  Date \*

**Submit Application**

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## Fees:

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

**Fee Details**

Licensing fee (104-Certificates of Free Sale)	\$41.00
<b>Total Fee</b>	<b>\$41.00</b>

[Edit Application](#) **Pay Now**

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

**How would you like to pay?**

**Card**

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PAY BY

**eCheck**

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PAY WITH

[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 **Certificates of Free Sale** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **462**. If we need any additional information; we will contact you.

The payment receipt has been sent to: [chuck@chuckssteakhouse123.net](mailto: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	<a href="#">Documents (0)</a>	N/A
2	Certificates of Free Sale	Application for Certificate of Free Sale. <a href="#">Click Here to view pdf form</a>	<a href="#">Documents (0)</a>	Pending
3	Certificates of Free Sale	Label Application. <a href="#">Click here for application</a>	<a href="#">Documents (0)</a>	Pending

[Return to Home](#) [Logout](#)

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 the web site and then enter your user name and password and then click the **Login** button:

The screenshot shows the login page for the Nevada Department of Health and Human Services. The page header includes the department name and the ALiS logo. The main content area features a "LOGIN" section with fields for "User Name" and "Password", and a "Login" button. A yellow circle highlights the login form. Below the login form, there are links for "Forgot Login/Password" and "Forgot Password". The page also includes a "Welcome" message and a list of services offered, such as "Apply for a Restaurant License".

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](mailto: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:

Pending / Incomplete Online Application(s)						
Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Cottage Food Registration	451	10/02/2015	Review by State	<a href="#">Application Summary</a>	<a href="#">View Details</a>	<a href="#">Withdraw</a>
Food Establishment	449	10/01/2015	Review by State	<a href="#">Application Summary</a>	<a href="#">View Details</a>	<a href="#">Withdraw</a>

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

Application Details				
Application Type	Transaction #	Current Step		
Food Establishment	449	Review by State		
Checklist				
Item #	Credential Type	Item	View/Attach	Item Status
1		Additional supporting documents	<a href="#">Documents (0)</a>	N/A
2	Food Establishment (Restaurant)	Supplemental Food Establishment Application. <a href="#">Click here</a> to download the application.	<a href="#">Documents (0)</a>	Pending
3	Food Establishment (Restaurant)	Food Establishment Plan Review Application. <a href="#">Click here</a> for application.	<a href="#">Documents (0)</a>	Pending
4	Food Establishment (Restaurant)	Plan drawn to scale of food establishment	<a href="#">Documents (0)</a>	Pending
5	Food Establishment (Restaurant)	Food Establishment Menu.	<a href="#">Documents (0)</a>	Pending
6	Food Establishment (Restaurant)	Equipment specification sheets (i.e. Manufacture Specification Sheets)	<a href="#">Documents (0)</a>	Pending
7	Food Establishment (Restaurant)	Current Food Manager Certification(s).	<a href="#">Documents (0)</a>	Pending
8	Food Establishment (Bar/Service Bar)	Supplemental Food Establishment Application. <a href="#">Click here</a> to download the application.	<a href="#">Documents (0)</a>	Pending