

# ALiS

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

### Cottage Foods Program: Registration Instructions

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

The screenshot shows the ALiS login page. On the left, there is a 'USER LOGIN' section with fields for 'Login Name' and 'Password', a 'Forgot Login/Password' link, and a 'Login' button. Below this is a 'NEW APPLICANTS APPLY HERE' section with three links: 'To apply for a Common Business Application: Click Here', 'To apply for a Temporary Food Establishment Permit: Click Here', and 'To Search for an Environmental Health Facility Licensee: Click Here'. A red arrow points from the text above to the first link in this section. On the right, there are three tabs: 'HCQC', 'Child Care', and 'Environmental Health'. The 'Environmental Health' tab is circled in yellow. Below the tabs is a 'Welcome to the online Permits and Renewals system for the Environmental Health Section:' message. It includes instructions for 'Return Users' and 'New Users', a list of 'Common Business Application' types (Food Establishment, Exemption, Cottage Food Registration, Farm to Fork Registration, Shellfish Distributor, Certificates of Free Sale, Public Bathing Places, Public Accommodations, Drug/Cosmetic Manufacturer, Camping and Recreational Vehicle Park, Institutions, Sewage Programs), and a note about 'Temporary Food Establishment' permits. 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' with three main sections: 'Facility Information', 'Mailing Address', and 'Online Account Information'. The 'Facility Information' section includes a note about Nevada Business ID and fields 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-E-mail \*', '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', 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: Cottage Food Registration

Click the Cottage Food Registration option and a list of different product types will be displayed below. These are the only allowable food/product types for cottage foods. If you have other products not listed you will need to apply for a different license type when you are finished with this one.

A comprehensive list of food establishment credential types and an explanation of risk categories may be found on the Food Establishment section of the [dpbh.nv.gov](http://dpbh.nv.gov) website.

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

**Application Type \***

Which application would you like to apply?

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

**Credential Information \***

Cottage Food Registration Checklist

Endorsement

- Cereals, trail mixes and granola
- Dry herbs and seasoning mixes
- Nuts and nut mixes
- Vinegar and flavored vinegar (no herbs, vegetables, or fruit in final product)
- Baked Goods (Non PHF/TCS) (no cream cheese, meringue, or custard fillings)
- Dried Fruits
- Jams, jellies, and preserves (consisting of fruit products, no vegetables)
- Popcorn and Popcorn balls
- Candies

Reset **Next**

As an example, dried fruits and nuts were selected.

## 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.
- When you are finished filling out the form, click the **Next** button.

Requested Credential(s) : **Cottage Food Registration(Dried Fruits, Nuts and nut mixes)**

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

Please review Information for accuracy. «Back Next»

### 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="Chuck's Steakhouse"/>   | NV Business ID              | <input type="text" value="NV12345678901"/> |
| Registered Name with Secretary of State (Legal/Business Name) | <input type="text" value="Chuck's Steakhouse"/>   | Ownership Type *            | <input type="text" value="LLC"/>           |
| Primary Contact First Name *                                  | <input type="text" value="Chuck"/>                | Primary Contact Middle Name | <input type="text"/>                       |
| Primary Contact Last Name *                                   | <input type="text" value="Norris"/>               | Primary Contact Role *      | <input type="text" value="Owner"/>         |
| Primary Contact Email *                                       | <input type="text" value="chuck@chuckssteakhou"/> | Primary Contact Phone *     | <input type="text" value="111-111-1111"/>  |

«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. When you have entered these click the **Next** button.

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

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

Please review Address Information for accuracy. «Back Next»

### Mailing Address

Country:  Copy From:

Address:  Apt/Unit/etc.:

City:  State/Province:  County:

Zip:  Primary Phone # - Ext:  Alternate Phone # - Ext.:

Fax:  Primary-E-mail:  Alternate E-mail:

### Physical Address of Facility

Country:  Copy From:

Contact Person:

Address:

City:  State/Province:  County:

Zip:  Primary Phone # - Ext:  Alternate Phone # - Ext.:

Fax:  Primary-E-mail:  Alternate E-mail:

### Billing Address

Country:  Copy From:

Contact Person:

Address:

City:  State/Province:  County:

Zip:  Primary Phone # - Ext:  Alternate Phone # - Ext.:

Fax:  Primary-E-mail:  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 \*  Apt/Unit/etc.   
City \*  State/Province \*  County \*   
Zip \*  Primary Phone # - Ext \*  Alternate Phone # - Ext.   
Fax  Primary-E-mail \*  Alternate E-mail

**OK Close**

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

## Additional Information:

Here you will enter more detailed information about your business:

**Additional Information - Cottage Food Registration**

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

|  |                      |                              |                      |
|--|----------------------|------------------------------|----------------------|
| Establishment Name *                           | <input type="text"/> |                              |                      |
| Responsible Person *                           | <input type="text"/> | FDA Certification #          | <input type="text"/> |
| Number of seats including outside seating area | <input type="text"/> | Facility area in square feet | <input type="text"/> |
| Number of drive up windows                     | <input type="text"/> | Label count                  | <input type="text"/> |
| Camping spaces                                 | <input type="text"/> | Total number of rooms        | <input type="text"/> |
| Total number of workers                        | <input type="text"/> | Total number of vehicle      | <input type="text"/> |
| Open Date                                      | <input type="text"/> | Close Date                   | <input type="text"/> |

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

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 the license with these fields:

- **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 #:** 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
- **Label count:** enter the number of labels you need allocated, if applicable (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.

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

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

«Back» **Next»**

**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 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. 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»

**IMPORTANT NOTICE: YOU ARE NOT DONE YET**

## Checklist: Applications and Documentation

The site will guide you to the checklist and you will need to add your applications and other documentation as applicable. 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 **Cottage Food Registration** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **451**. If we need any additional information; we will contact you.

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      | Cottage Food Registration | Cottage Food Registration.<br><a href="#">Click here</a> for registration. | <a href="#">Documents (0)</a> | Pending     |

[Return to Home](#)

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.aithent.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)

ALiS

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 28-40. Please do NOT use Google Chrome.

**USER LOGIN**

Login Name:   
Password:   
Forgot Login/Password: [Click Here](#) **Login**  
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 Permits: [Click Here](#)  
To Search for an Environmental Health Facility Licensee: [Click Here](#)

For any questions please contact us at [EHScustomerservice@health.nv.gov](mailto: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](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. Click on "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     |

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

If you need help or have questions, please contact us at: [EHScustomerservice@health.nv.gov](mailto:EHScustomerservice@health.nv.gov) or call us at 775-687-7533.