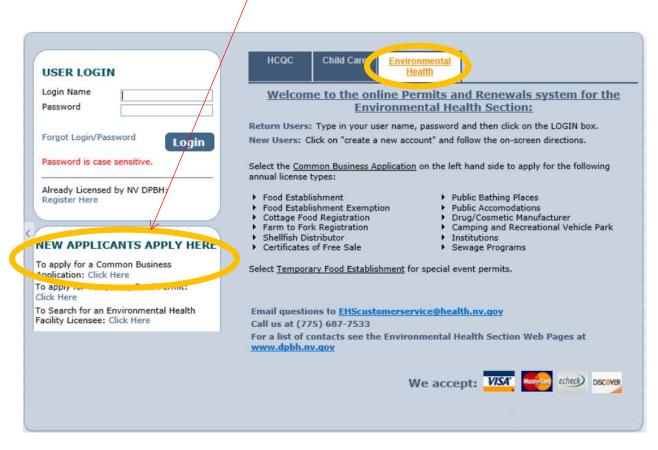
ALiS

Centralized Licensing, Inspections and Complaints System (CLICS)

Cottage Foods Program: Registration Instructions

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



Initial Registration Page:

Facility 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) *				IV Business ID					
Mailing Address									
Country * Address * City * Zip * Fax	United States	State/Province * Primary Phone # - Ext * Primary-Email *	Nevada 🔻	Apt/Unit/etc. County ** Alternate Phone # - Ext. Alternate E-mail	Choose One V				
Online Account Inform	mation		_						
Login Name * Password * Re-type Password *		isword is case sensitive and n d one special character.	nust be at least 8 letters l	long with at least one upper case	e letter and one number				
Reset		Regis	ster		Back				

You will need to fill out the following:

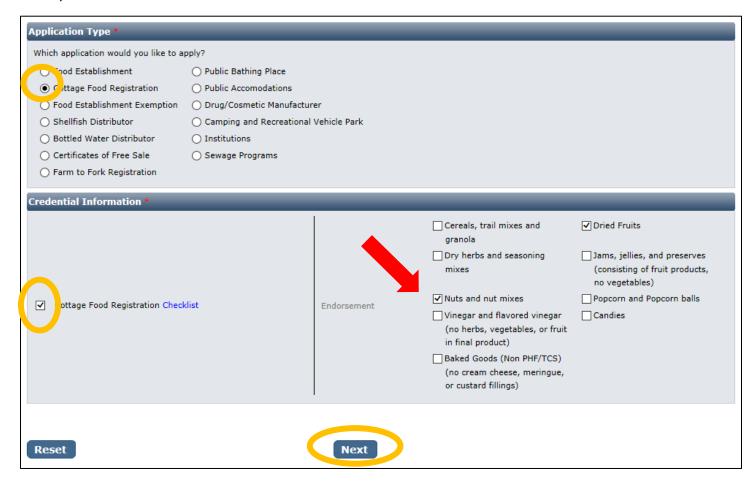
- Facility Name (DBA): this should be the registered name of your business.
- NV Business ID: if you have a state business ID, enter it here. It would be "NV" followed by 11 numbers.
- Mailing Address Section:
 - o Address is the street address where you receive correspondence for your business
 - City/State/County/Zip: 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):
 - 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 website.

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

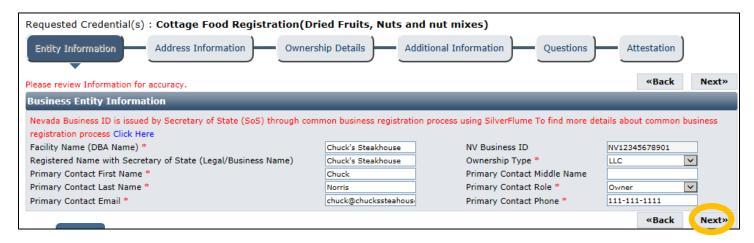


As an example, dried fruits and nuts were selected.

Entity Information:

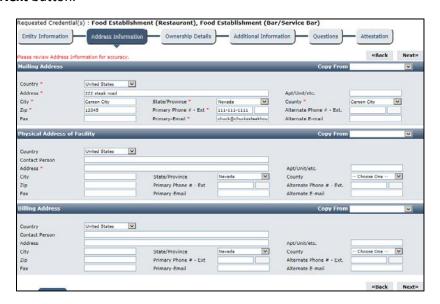
- Business Entity Information

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



Ownership Details:

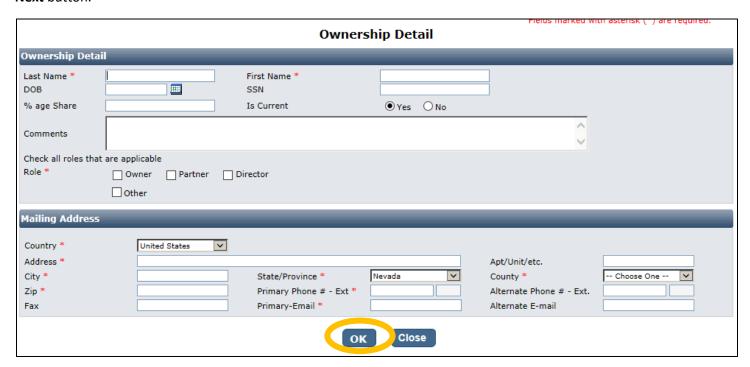
Select the **Add** button to add a new owner. You may not skip this section even if you previously entered all your information.



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:

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 *										
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								
For which county you would like to register your business? *	Choose One									
Most of the new businesses require a plan review. Please cli	k here to understand pl	lan review requirements of give us a	call at 775-687-7533							
Does your new business require a plan review? If you are no	○Yes ○No									
			«Back	Next»						

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.

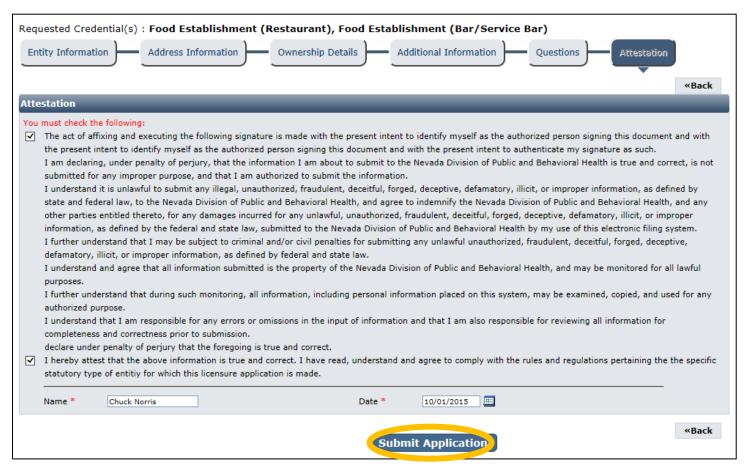
Questions:

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.



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".



IMPORANT 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

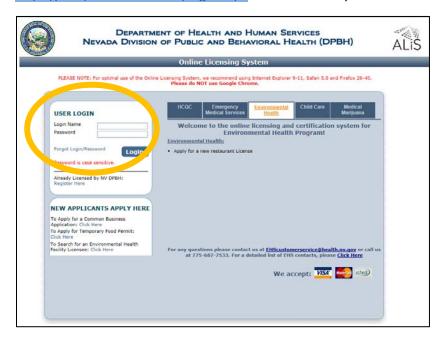
column on the right side to upload a document for staff review. When you do this, a popup will appear with directions on how to upload your document(s).



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 https://nvdpbh.aithent.com/login.aspx and then enter your user name and password and then click the **Login** button:



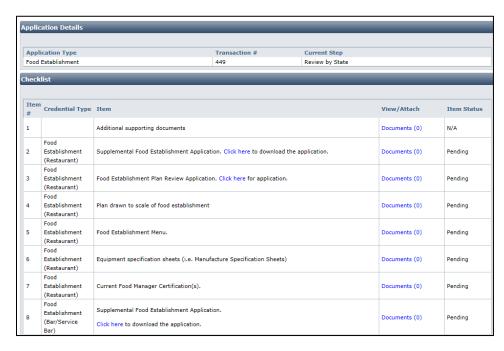
You will see a menu on the left side:



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:



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 or call us at 775-687-7533.