

ALiS

Centralized Licensing, Inspections and Complaints System (CLICS) Drug and Cosmetic Manufacturing: Application Instructions

To begin the licensing process, go to <https://nvdpbh.athent.com/login.aspx> and then click on the Environmental Health tab (the last tab). Select the link under “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, there is a 'NEW APPLICANTS APPLY HERE' section, which is also circled in yellow. It contains three links: 'To apply for a Common Business Application: Click Here', 'To apply for Temporary Food Permits: Click Here', and 'To Search for an Environmental Health Facility Licensee: Click Here'. To the right of the login section, 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 list of license types is provided, including 'Food Establishment', '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', and 'Sewage Programs'. There is also a link for 'Temporary Food Establishment' for special event permits. At the bottom, there is contact information for 'EHScustomerservice@health.nv.gov' and a phone number '(775) 687-7533'. There are also logos for 'We accept: VISA, MasterCard, echeck, 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 has a note about Nevada Business ID and fields for 'Facility Name (DBA Name) *' and 'NV Business ID'. The 'Mailing Address' section has fields for 'Country *' (set to 'United States'), 'Address *', 'City *', 'State/Province *' (set to 'Nevada'), 'Zip *', 'Fax', 'Apt/Unit/etc.', 'County *' (set to '-- Choose One --'), 'Primary Phone # - Ext *', 'Alternate Phone # - Ext.', and 'Primary-E-mail *'. The 'Online Account Information' section has 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: Drug and Cosmetic Manufacturing

Select "Drug/Cosmetic Manufacturer" and then in the area that appears below select one of the options.

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

Application Type *

Which application would you like to apply?

<input type="radio"/> Food Establishment	<input type="radio"/> Public Bathing Place
<input type="radio"/> Cottage Food Registration	<input type="radio"/> Public Accommodations
<input type="radio"/> Food Establishment Exemption	<input checked="" type="radio"/> Drug/Cosmetic Manufacturer
<input type="radio"/> Shellfish Distributor	<input type="radio"/> Camping and Recreational Vehicle Park
<input type="radio"/> Bottled Water Distributor	<input type="radio"/> Institutions
<input type="radio"/> Certificates of Free Sale	<input type="radio"/> Sewage Programs
<input type="radio"/> Farm to Fork Registration	

Credential Information *

<input type="checkbox"/> Drug (w/ Amygdalin/Procaine hydrochloride) Checklist	Endorsement	N/A
<input checked="" type="checkbox"/> Drug (w/o Amygdalin/Procaine hydrochloride) Checklist	Endorsement	N/A
<input type="checkbox"/> Cosmetic Manufacturing Checklist	Endorsement	N/A

Reset

Next

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**

- 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.

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="CRPM Pharmaceutical"/>	NV Business ID	<input type="text" value="NV12345678901"/>
Registered Name with Secretary of State (Legal/Business Name)	<input type="text"/>	Ownership Type *	<input type="text" value="LLC"/>
Primary Contact First Name *	<input type="text" value="Judith"/>	Primary Contact Middle Name	<input type="text"/>
Primary Contact Last Name *	<input type="text" value="Brady"/>	Primary Contact Role *	<input type="text" value="Owner"/>
Primary Contact Email *	<input type="text" value="Admin@CRPMPharma43"/>	Primary Contact Phone *	<input type="text" value="111-111-1111"/>

Hours Of Operations - Drug (w/o Amygdalin/Procaine hydrochloride)

Day	Work Hours	From	To
Sunday	<input type="text" value="Open 24 Hours"/>		
Monday	<input type="text" value="Open 24 Hours"/>		
Tuesday	<input type="text" value="Open 24 Hours"/>		
Wednesday	<input type="text" value="Open 24 Hours"/>		
Thursday	<input type="text" value="Open 24 Hours"/>		
Friday	<input type="text" value="Open 24 Hours"/>		
Saturday	<input type="text" value="Open 24 Hours"/>		

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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 *	<input type="text" value="United States"/>		
Address *	<input type="text" value="222 steak road"/>	Apt/Unit/etc.	<input type="text"/>
City *	<input type="text" value="Carson City"/>	State/Province *	<input type="text" value="Nevada"/>
Zip *	<input type="text" value="12345"/>	County *	<input type="text" value="Carson City"/>
Fax	<input type="text"/>	Primary Phone # - Ext *	<input type="text" value="111-111-1111"/>
		Primary-Email *	<input type="text" value="chuck@chuckssteakhou"/>
		Alternate Phone # - Ext.	<input type="text"/>
		Alternate E-mail	<input type="text"/>

Physical Address of Facility Copy From

Country	<input type="text" value="United States"/>		
Contact Person	<input type="text"/>	Apt/Unit/etc.	<input type="text"/>
Address *	<input type="text" value="222 steak road"/>	County	<input type="text" value="Carson City"/>
City	<input type="text" value="Carson City"/>	State/Province	<input type="text" value="Nevada"/>
Zip	<input type="text" value="12345"/>	Alternate Phone # - Ext.	<input type="text"/>
Fax	<input type="text"/>	Primary-Email	<input type="text" value="chuck@chuckssteakhou"/>
		Alternate E-mail	<input type="text"/>

Billing Address Copy From

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

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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

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Ownership Information **Add Delete**

Please click 'Add' to add a new row.

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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:

The Additional Information section will be shown:

Additional Information - Drug (w/o Amygdalin/Procaine hydrochloride)

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

Establishment Name *	<input type="text" value="CRPM Pharma"/>	Responsible Person First Name *	<input type="text" value="Judith"/>	Responsible Person Last Name *	<input type="text" value="Brady"/>
Responsible Person Middle Name	<input type="text"/>	FDA Certification #	<input type="text" value="1234567890"/>		
Number of seats including outside seating area	<input type="text"/>	Facility area in square feet	<input type="text" value="15000"/>		
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 or 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

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 #:** You must obtain FDA certification prior to applying. See: <http://www.fda.gov/Drugs/default.htm> for more information.
- **Facility Area in Square Feet:** The size or estimated size of your facility.
- **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.

IMPORTANT: Please call us at (775) 687-7533 for Drug and Cosmetic manufacturing licenses.

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

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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 *

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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 (039-Drug (w/o Amygdalin/Procaine hydrochloride))	\$2,000.00
Total Fee	\$2,000.00



[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

eCheck

PAY WITH



[Cancel Order](#)

Fill out the form (which depends on the selected payment method) and submit when completed. **Note:** For drug manufacturing (with amygdalin/procaine) licenses, you may be forced to use the eCheck option depending on the amount due.

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 **Public Bathing Place** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **466**. 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	Public Bathing Place (Pool)	Supplemental application for Public Bathing Place. Click here for application.	Documents (0)	Pending
3	Public Bathing Place (Pool)	Public Bathing Place Plan Review Application. Click here for application.	Documents (0)	Pending
4	Public Bathing Place (Pool)	Plot plan drawn to scale	Documents (0)	Pending
5	Public Bathing Place (Pool)	Equipment specification sheets (i.e. Manufacture Specification Sheets)	Documents (0)	Pending
6	Public Bathing Place (Pool)	Certified Pool Operator Documentation	N/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 an application or manage your licenses, go to the website 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: [Click Here](#) **Login**

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](#)

Environmental Health:
• Apply for a new restaurant License

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:

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	Application Summary	View Details	Withdraw
Food Establishment	449	10/01/2015	Review by State	Application Summary	View Details	Withdraw

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	Documents (0)	N/A
2	Food Establishment (Restaurant)	Supplemental Food Establishment Application. Click here to download the application.	Documents (0)	Pending
3	Food Establishment (Restaurant)	Food Establishment Plan Review Application. Click here for application.	Documents (0)	Pending
4	Food Establishment (Restaurant)	Plan drawn to scale of food establishment	Documents (0)	Pending
5	Food Establishment (Restaurant)	Food Establishment Menu.	Documents (0)	Pending
6	Food Establishment (Restaurant)	Equipment specification sheets (i.e. Manufacture Specification Sheets)	Documents (0)	Pending
7	Food Establishment (Restaurant)	Current Food Manager Certification(s).	Documents (0)	Pending
8	Food Establishment (Bar/Service Bar)	Supplemental Food Establishment Application. Click here to download the application.	Documents (0)	Pending