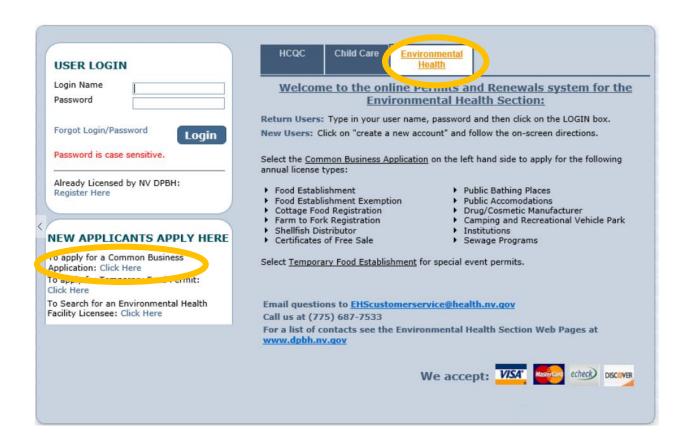
ALiS

Centralized Licensing, Inspections and Complaints System (CLICS)

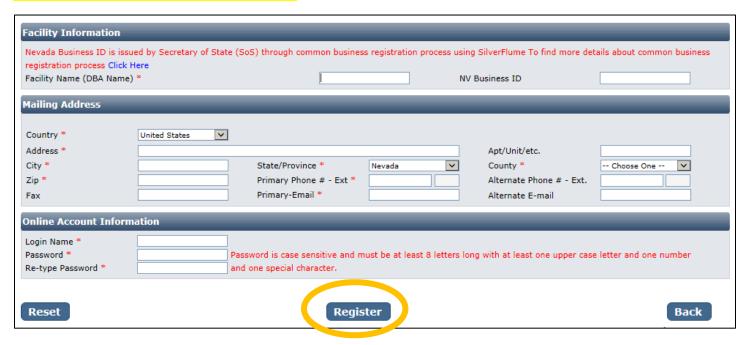
Food Establishments- Consumer Log On Instructions

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 the link under "Apply for a Common Business Application":



Initial Registration Page:

Complete all fields with a red star (*).



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: Food Establishments

Multiple food establishment types may be selected on this page. For example if your establishment has both a bar and restaurant select:

- Food Establishment (Restaurant) and
- Food Establishment (Bar/Service Bar)

If your establishment has a grocery store you may select

- Food market (Bakery)
- Food Market (Packaged Foods)
- Food Market (Produce)
- Food Market (Meat/Poultry)

Click the Food Establishment option and a list of different Food Establishment license types will be displayed below. The list will include food establishments, food markets, and food manufacturers of various kinds.

A comprehensive list of food establishment credential types and an explanation of risk categories may be found on the Food Establishment section of the <u>dpbh.nv.gov</u> website.

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

Appli	cation Type *						
mi-	application would you like to apply?						
Fyod Establishment							
7	Cottage Food Registration	O Public Accomodations					
0	Food Establishment Exemption	O Drug/Cosmetic Manufactu	irer				
0:	Shellfish Distributor	O Camping and Recreationa	l Vehicle Park				
0	Bottled Water Distributor	○ Institutions					
0	Certificates of Free Sale	O Sewage Programs					
0	Farm to Fork Registration						
Crede	Credential Information *						
				Category 1 - Low Risk	Category 2 - Moderate Risk		
	Food Establishment (Restaurant)) Checklist	Endorsement	Category 3 - High Risk	Category 4 – Very High Risk		
			1				
				Category 1 - Low Risk	Category 2 - Moderate Risk		
	ood Establishment (Bar/Service	Bar) Checklist	Endorsement	Category 3 – High Risk	Category 4 – Very High Risk		
	and Satablisher ant (Satarian) S		Federate	Category 1 - Low Risk	Category 2 - Moderate Risk		
	ood Establishment (Catering) C	necklist	Endorsement	Category 3 – High Risk	Category 4 – Very High Risk		
			<u>'</u>				
	Food Establishment (Snack Bar)	Checklist	Endorsement	Category 1 - Low Risk	Category 2 - Moderate Risk		
	Tod Establishment (Shack Bar)	Checking	Endorsement	Category 3 – High Risk	Category 4 – Very High Risk		
_			1	_			
	od Establishment (Portable Fo	od Unit) Checklist	Endorsement	Category 1 - Low Risk	Category 2 - Moderate Risk		
				Category 3 – High Risk	Category 4 – Very High Risk		
			1	□ a			
	ood Establishment Support Faci Checklist	ility (Portable Bar Unit)	Endorsement	Category 1 - Low Risk	Category 2 - Moderate Risk		
	HECKIISE			Category 3 – High Risk	Category 4 – Very High Risk		
	Food Fatablishment Commit 5	ilib. (Barbarus)		Category 1 - Low Risk	Category 2 - Moderate Risk		
	Food Establishment Support Faci Checklist	llity (Barbeque)	Endorsement	Category 3 – High Risk			
			1				
	Manufactured Food (Supplement	s) Checklist	Endorsement		Category 2 - Moderate Risk		
	Translation of Took (Dappiement	Sy Checking	and of definition	Category 3 – High Risk			
			1	_			
	Manufactured Food (Warehouse)) Checklist	Endorsement		Category 2 - Moderate Risk		
				Category 3 – High Risk			
Res	set		Next				

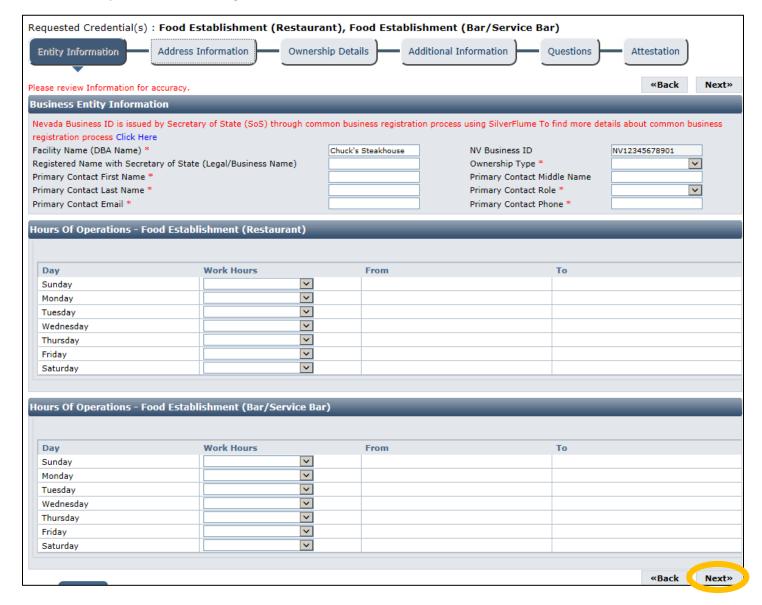
Entity Information:

- Business Entity Information

- 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
- 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.

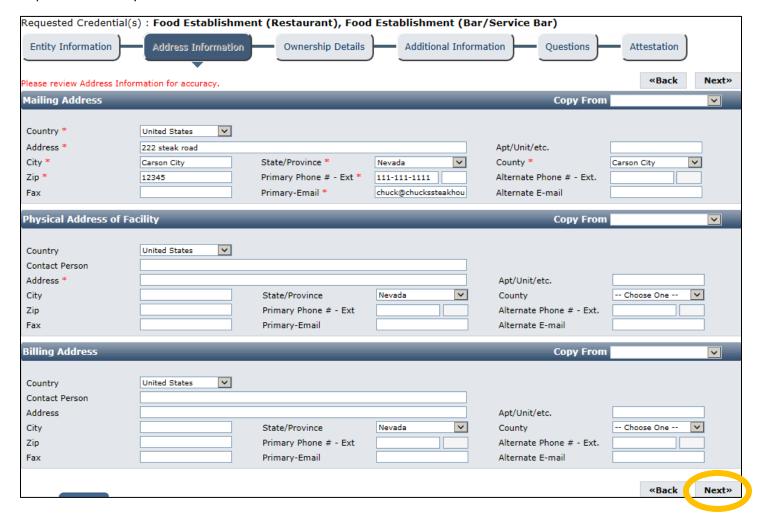
Hours of Operation

- 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.
- o Fixed time: opens three new fields for Hour, Minute, AM/PM YOU MUST COMPLETE ALL 3 FIELDS.
- 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.



Ownership Details:

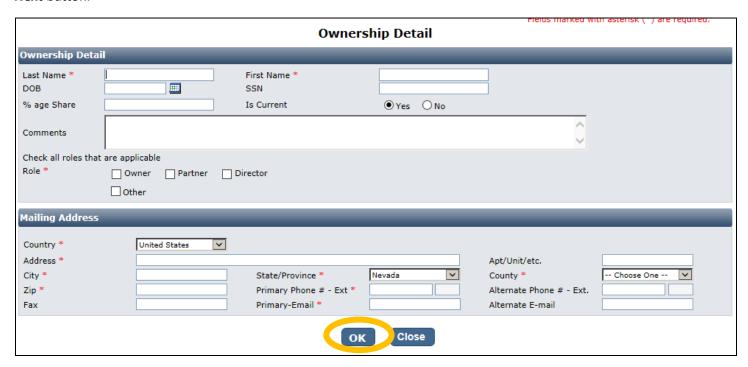
Select the **Add** button to add a new owner. You may not skip this section even if you previously entered all your information.



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:

In this example we are establishing information for two (2) facility types a Food Establishment (Restaurant) and Food Establishment (Bar/Service Bar). Additional Information sections will be shown for each facility type. COMPLETE EACH BOX HIGHLIGHTED IN YELLOW — FOR EACH ESTABLISHMENT TYPE

Requested Credential(s) : Food Establishmen	nt (Restaurant), Food Es	stablishment (Bar/Service	e Bar)		
Entity Information Address Information	Ownership Details	Additional Information	Questions Attestation)	
				,	
			«Back	Next»	
Additional Information - Food Establishment (Restaurant)			_	
Complete the information that is applicable to your per	mit type. Leave blank if it not ap	oplicable.			
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			
Most of the new businesses require a plan review. Plea			Call at 775-687-7533		
Additional Information - Food Establishment (Bar/Service Bar)				
Complete the information that is applicable to your per	pplete 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 busine	ess? *		Choose One V		
Most of the new businesses require a plan review. Plea	se 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 ca	at 775-687-7533 *	○Yes ○No		
			«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.
 - 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)

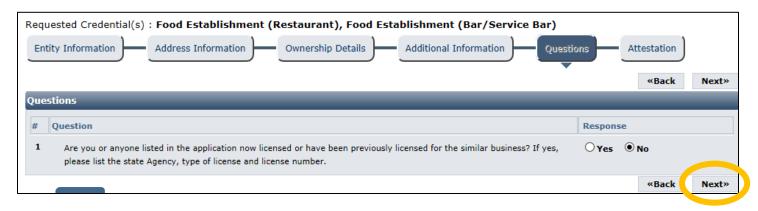
- Facility area in square feet: enter the size of your facility (for manufacturing and markets)
- Label count: enter the number of labels you need allocated (for manufacturing)
- **Open Date and Close Date:** This is designed for seasonal establishments. You may enter the open (or expected open) if known.
- 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.

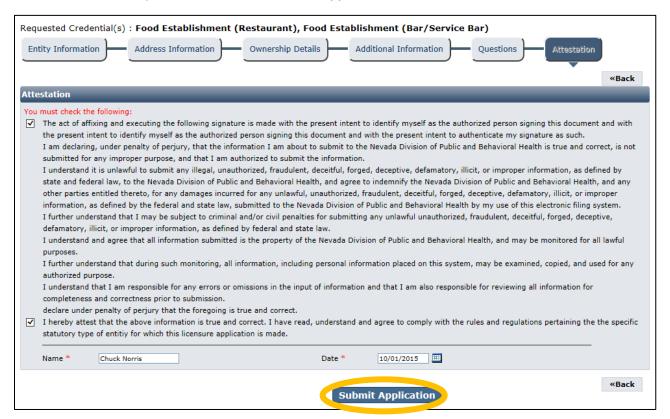
Questions:

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".



Fees:

"Fee Details" explains what fees are being charged for this credential type. If you are satisfied with the charge, select **Pay Now** to continue.



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



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

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.

IMPORANT 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.

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 Food Establishment has been submitted to Environmental Health Section program of NV DPBH. Your online transaction number is 449. 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 # Additional supporting documents Documents (0) N/A 1 2 Supplemental Food Establishment Application. Click here to do nload the application. Documents (0) Establishment Pending (Restaurant) Food Establishment Documents (0) 3 Food Establishment Plan Review Application. Click here for application. Pending (Restaurant) Establishment Plan drawn to scale of food establishment Documents (0) Pending (Restaurant) Food 5 Establishment Food Establishment Menu. Documents (0) Pending (Restaurant) Establishment Equipment specification sheets (i.e. Manufacture Specification Sheets) Documents (0) Pending (Restaurant) Food Establishment Current Food Manager Certification(s). Documents (0) Pending (Restaurant) Supplemental Food Establishment Application. Establishment 8 Documents (0) Pending (Bar/Service Click here to download the application. Bar)

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:



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



NEVADA DIVISION	OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)	ALiŚ
	Online Licensing System	_
PLEASE NOTE: For optimal use of the Onli	ne 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/Pusword Login Password is case sension Already Licensed by NV DPBH: Register Here	HCQC Emergency Medical Services Environmental Health Child Care Medical Marijuana Welcome to the online licensing and certification system for Environmental Health Program! Environmental Health: Apply for a new restaurant License	
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 <u>EHScustomerservice@health.nv.qov</u> or call us at 775-687-7533. For a detailed list of EHS contacts, please <u>Click Here</u>	
	We accept: VISA echeck	

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:

Application Type Transaction # Current Step						
Food	d Establishment		449	Review by State		
hec	klist		_	_	_	
Itei #	m 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. Ma	nufacture Specification Shee	ts)	Documents (0)	Pending
7	Food Establishment (Restaurant)	Current Food Manager Certification(s).			Documents (0)	Pending
В	Food Establishment (Bar/Service Bar)	Supplemental Food Establishment Appl Click here to download the application.			Documents (0)	Pending