

ALiS

Centralized Licensing, Inspections and Complaints System (CLICS)

Farm to Fork 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 last tab). Select the link under "Apply for a Common Business Application":

The screenshot shows the ALiS login page. On the left is a 'USER LOGIN' box with fields for 'Login Name' and 'Password', a 'Forgot Login/Password' link, a 'Login' button, and a note 'Password is case sensitive.' Below this is a section for 'NEW APPLICANTS APPLY HERE' with 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'. On the right, there are navigation tabs for 'HCQC', 'Child Care', and 'Environmental Health' (the last one is circled in yellow). Below the tabs is a 'Welcome to the online... 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 (e.g., Food Establishment, Farm to Fork Registration, etc.), and a note about 'Temporary Food Establishment' permits. At the bottom, there are contact details for 'EHScustomerservice@health.nv.gov' and a list of accepted payment methods (VISA, MasterCard, echeck, 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 *' (set to United States), 'Address *', 'City *', 'State/Province *' (set to Nevada), 'Zip *', 'Fax', 'Apt/Unit/etc.', 'County *' (set to -- 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 *', with a note: '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 'Reset', 'Register' (circled in yellow), and 'Back' buttons.

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: Farm to Fork

Select “Farm to Fork Registration” and then in the area that appears below select “Farm to Fork Registration”.

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 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 checked="" type="radio"/> Farm to Fork Registration	

Credential Information *

<input checked="" type="checkbox"/> Farm to Fork Registration 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.

- **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.

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) *	Mary's Farm BBQ	NV Business ID	NV12345678901
Registered Name with Secretary of State (Legal/Business Name)		Ownership Type *	Others
Primary Contact First Name *	Mary	None	
Primary Contact Last Name *	Lou	Primary Contact Middle Name	
Primary Contact Email *	MaryLou@marysjamstt	Primary Contact Role *	Owner
		Primary Contact Phone *	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 for facility inspections. When you have entered these click the **Next** button.

Mailing Address Copy From

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

Physical Address of Facility Copy From

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

Billing Address Copy From

Country	United States			Apt/Unit/etc.	
Contact Person		State/Province	Nevada	County	-- Choose One --
Address		Primary Phone # - Ext		Alternate Phone # - Ext.	
City		Primary-E-mail		Alternate E-mail	
Zip					
Fax					

«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 *

City * State/Province *

Zip * Primary Phone # - Ext *

Fax Primary-E-mail *

Apt/Unit/etc.

County *

Alternate Phone # - Ext.

Alternate E-mail

OK Close

The fields with the red asterisk (*) are required

Additional Information:

The Additional Information section will be shown:

Requested Credential(s) : **FARM TO FORK REGISTRATION**

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

<< Back Next >>

Additional Information - FARM TO FORK REGISTRATION

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

Establishment Name *	Mary's Farm BBQ	FDA Certification #	
Responsible Entity Name *	Mary	Facility area in square feet	
Number of seats including outside seating area		Label count	
Number of drive up windows		Total number of rooms	
Camping spaces		Total number of vehicle	
Total number of workers		Close Date	10/05/2017
Open Date	06/05/2017		

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

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

Reset << 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.
 - 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 or complaint.
- **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) : **FARM TO FORK REGISTRATION**

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

Reset << 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) : **FARM TO FORK REGISTRATION**

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

<< Back

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 * Johnny Walker Date * 06/05/2017 x

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. Note your transaction number in bold. There is also the option to print 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

YOUR APPLICATION IS NOT COMPLETE AND A PERMIT CANNOT BE ISSUED UNTIL THE APPLICATION AND OTHER REQUESTED DOCUMENTS ARE ATTACHED BELOW.

IF THERE IS NO CHECKLIST OR DOCUMENTS ATTACHMENT SECTION HERE YOU ARE NOT REQUIRED TO ATTACH A DOCUMENT.

Thank you for using our online services. Your **Farm to Fork Registration** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **175229**. If you need any additional information; we will contact you.

To view the application summary: [click here](#)

Checklist

If you have scanned copy of supporting documents, please click on the Documents link to upload.

Item #	Credential Type	Item	View/Attach	Item Status
1	All	Additional supporting documents	Documents (0)	N/A

[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)

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 26-40. 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: [Click Here](#)

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 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:

[Return To Home](#)

Pending / Incomplete Online Application(s)

Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Farm to Fork Registration	175229	06/05/2017	Review by State	Application Summary	View Details	Withdraw
Public Bathing Place	175228	06/05/2017	Review by State	Application Summary	View Details	Withdraw
Institutions	175227	06/05/2017	Review by State	Application Summary	View Details	Withdraw
Public Accommodations	175226	06/05/2017	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
Farm to Fork Registration	175229	Review by State

Checklist

If you have scanned copy of supporting documents, please click on the Documents link to upload.

Item #	Credential Type	Item	View/Attach	Item Status
1	All	Additional supporting documents	Documents (0)	N/A

[Back To Pending Application List](#)