To begin the licensing process, go to [https://nvdpbh.aithent.com/login.aspx](https://nvdpbh.aithent.com/login.aspx) and then click on the Environmental Health tab (the last tab). Select the link under “Apply for a Common Business Application”:
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:**
  - 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
  - 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.
  - 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.

**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
  - **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.

- 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.

Edited 6/05/2017
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:

The Additional Information section will be shown:

- **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
  - 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 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.

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**

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

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**

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 federal and state law.

- [ ] 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 further understand 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 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: [01/01/2023]

Submit Application
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).

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 the website 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. Select “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: