

# ALiS

## Centralized Licensing, Inspections and Complaints System (CLICS) Public Accommodations – 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. On the left is a 'USER LOGIN' section 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 a Temporary Food Establishment License: 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' (circled in yellow). Below the tabs is a 'Welcome to the online Permits 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, Public Bathing Places, etc.), and contact information for 'EHScustomerservice@health.nv.gov'. At the bottom right, it says 'We accept:' followed by logos for VISA, MasterCard, echeck, and 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 \*' (United States), 'Address \*', 'City \*', 'State/Province \*' (Nevada), 'Zip \*', 'Primary Phone # - Ext \*', 'Primary-Email \*', 'Apt/Unit/etc.', 'County \*' (Choose One), '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 three buttons: 'Reset', 'Register' (circled in yellow), and 'Back'.

You will need to fill out the following: You will need to complete each field with a red star (\*)

- **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: Public Accommodation

Select “Public Accommodations” and then in the area that appears below select the “Public Accommodation” option.

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

The screenshot shows a web form with two main sections: "Application Type" and "Credential Information".

**Application Type \***  
Which application would you like to apply?  
The options are:  
 Food Establishment  
 Cottage Food Registration  
 Food Establishment Exemption  
 Shellfish Distributor  
 Bottled Water Distributor  
 Certificates of Free Sale  
 Farm to Fork Registration  
 Public Bathing Place  
 Public Accommodations  
 Drug/Cosmetic Manufacturer  
 Camping and Recreational Vehicle Park  
 Institutions  
 Sewage Programs

**Credential Information \***  
A table with the following content:  

<input checked="" type="checkbox"/> Public Accommodation Checklist	Endorsement	N/A
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At the bottom of the form, there are two buttons: "Reset" and "Next". The "Next" button is circled in yellow.

# 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.
  - o Ensure to **scroll down** to reveal all 7 days of the week to proceed forward.
- When you are finished filling out the form, click the **Next** button.

**Public Accomodations**

Fields marked with asterisk (\*) are required

Requested Credential(s) : **PUBLIC ACCOMMODATION**

Entity Information | Address Information | Ownership Details | Additional Information | Questions | Attestation

Please review Information for accuracy. << Back Next >>

**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](#) .This always begins with NV followed by 11 numbers.

Facility Name (DBA Name) *	EHS TEST	NV Business ID	
Registered Name with Secretary of State (Legal/Business Name)		Ownership Type *	LLC
Primary Contact First Name *	JOSEPH	Primary Contact Middle Name	
Primary Contact Last Name *	ROLLER	Primary Contact Role *	Owner
Primary Contact Email *	jroller@health.nv.gov	Primary Contact Phone *	775-687-7560

**Hours Of Operations - PUBLIC ACCOMMODATION \***

Day	Work Hours	From	To
Sunday	Open 24 Hours		
Monday	Open 24 Hours		
Tuesday	Open 24 Hours		
Wednesday	Open 24 Hours		
Thursday	Open 24 Hours		

Reset << 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.

The screenshot displays a web form with three main sections: Mailing Address, Physical Address of Facility, and Billing Address. Each section contains fields for Country, Address, City, State/Province, Zip, Fax, Primary Phone # - Ext, Primary Email, Apt/Unit/etc., County, Alternate Phone # - Ext, and Alternate E-mail. The Mailing Address and Physical Address of Facility sections are pre-filled with the same information: Country (United States), Address (222 steak road), City (Carson City), State/Province (Nevada), Zip (12345), Primary Phone # - Ext (111-111-1111), Primary Email (chuck@chuckssteakhou), County (Carson City), and Alternate E-mail. The Billing Address section is mostly empty, with only the State/Province (Nevada) and County (Choose One) fields filled. At the bottom right, there are two buttons: «Back» and «Next». The «Next» button is highlighted with a yellow circle.

## 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.

The screenshot shows a navigation bar with buttons for Entity Information, Address Information, Ownership Details, Additional Information, Questions, and Attestation. The Ownership Details button is selected and highlighted with a yellow circle. Below the navigation bar, there is a section titled "Ownership Information" with a red message: "Please click 'Add' to add a new row." At the bottom right, there are two buttons: «Back» and «Next». The «Add» button is highlighted with a yellow circle.

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

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#### Ownership Detail

Last Name *	<input type="text"/>	First Name *	<input type="text"/>
DOB	<input type="text"/>	SSN	<input type="text"/>
% age Share	<input type="text"/>	Is Current	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments	<input type="text"/>		

Check all roles that are applicable

Role \*  Owner  Partner  Director  Other

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#### Mailing Address

Country *	<input type="text" value="United States"/>	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"/>	Primary Phone # - Ext *	<input type="text"/>
Fax	<input type="text"/>	Primary-Email *	<input type="text"/>
		Alternate Phone # - Ext.	<input type="text"/>
		Alternate E-mail	<input type="text"/>

The fields with the red asterisk (\*) are required

## Additional Information:

The Additional Information section will be shown:

### Additional Information - Public Accommodation

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

Establishment Name *	<input type="text" value="Sandy Motel"/>	Responsible Person First Name *	<input type="text" value="Sandy"/>	Responsible Person Last Name *	<input type="text" value="Smith"/>
Responsible Person Middle Name	<input type="text"/>	FDA Certification #	<input type="text"/>		
Number of seats including outside seating area	<input type="text"/>	Facility area in square feet	<input type="text"/>		
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 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 call at (775) 687-7533 \*  Yes  No

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.
- **Open Date and Close Date:** This is designed for seasonal establishments. You may enter the open (or expected open) if known.
- **Number of Rooms:** The number of rooms determines the amount for fees assessed for the Inspection Fees which is required for new businesses, Changes of Ownership, and during the Plan Review Process.
- **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 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

«Back Next»

#	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

«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) : **PUBLIC ACCOMMODATION**



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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 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 \*

06/05/2017



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**Submit Application**

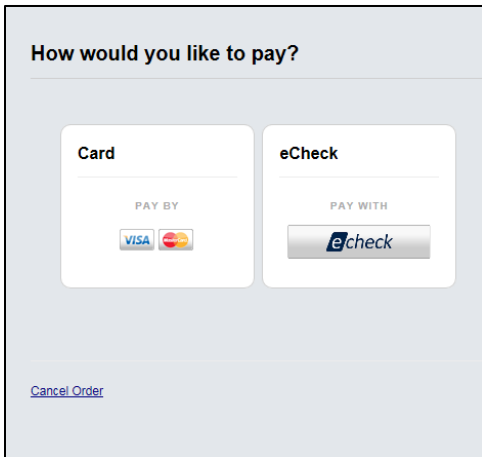
## Fees:

“Fee Details” explains what fees are being charged for this credential type. Select **Pay Now** to continue.

Fee Details	
Licensing fee (028-Public Accommodation)	\$145.00
<b>Total Fee</b>	<b>\$145.00</b>

**Edit Application** **Pay Now**

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.

**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**

**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 **Public Accommodations** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **175226**. If we need any additional information; we will contact you.

The payment receipt has been sent to: [JROLLER@HEALTH.NV.GOV](mailto:JROLLER@HEALTH.NV.GOV)

If you would like to print your payment receipt: [click here](#)

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

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**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	<a href="#">Documents (0)</a>	N/A
2	PUBLIC ACCOMMODATION	Plan Review Application for Public Accommodation. <a href="#">Click here</a> for application.	<a href="#">Documents (0)</a>	Pending
3	PUBLIC ACCOMMODATION	Plan drawn to scale	<a href="#">Documents (0)</a>	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, return to 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 **Login**

Already Licensed by NV DPBH:  
Register 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](#)

Environmental Health:

- Apply for a new restaurant License

For any questions please contact us at [EHScustomerservice@health.nv.gov](mailto: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](mailto: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:

Edited 6/05/2017

[Return To Home](#)

**Pending / Incomplete Online Application(s)**

Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Public Accommodations	175226	06/05/2017	Review by State	<a href="#">Application Summary</a>	<a href="#">View Details</a>	<a href="#">Withdraw</a>

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
Public Accommodations	175226	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	<a href="#">Documents (0)</a>	N/A
2	PUBLIC ACCOMMODATION	Plan Review Application for Public Accommodation. <a href="#">Click here</a> for application.	<a href="#">Documents (0)</a>	Pending
3	PUBLIC ACCOMMODATION	Plan drawn to scale	<a href="#">Documents (0)</a>	N/A

[Back To Pending Application List](#)