

Use the Web-ID provided with your renewal letter, or contact your local EHS office to obtain your Web-ID

Use the Username and Password you have already established in the system. If you cannot remember this information, contact our help desk

<https://nvdpbh.athent.com/login.aspx>

<https://nvdpbh.athent.com/login.aspx>



Step 2: Select Renew, and follow the prompts to confirm your information.

Welcome EHS TEST PROFILE | Home | Logout

Home

Contact Information

Name: EHS TEST PROFILE
 4150 TECHNOLOGY WAY
 CARSON CITY NV 89511
 Phone #: 775-687-7553
 Email: THAYES@HEALTH.NV.GOV

WHAT DO YOU WANT TO DO?

- View Pending Online Application(s)
- Renew**
- Apply for New License
- Print Receipt
- Statement of Deficiency/OOC
- Pay Invoice(s)
- Remodel
- Change Contact Information
- View Credential(s)
- Change Password

Welcome to the Online Permit and Renewals system.

From this screen you may apply for a new license, maintenance an existing license or renew your license.

You may respond to your Out of Compliance Inspection Report using the "Statement of Deficiency" Tab.

Email questions to EHScustomerservice@health.nv.gov
 Call us at (775) 687-7533
 For a list of contacts see our the Environmental Health Section Web Pages at www.dpbh.nv.gov

Step 3: Complete all fields with a red star (*). You will need to confirm/update your information during this step.

Facility 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) * NV Business ID

Mailing Address

Country *

Address *

City * State/Province * Apt/Unit/etc.

Zip * Primary Phone # - Ext * County *

Fax Primary-E-mail * Alternate Phone # - Ext. Alternate E-mail

Online Account Information

Login Name *

Password * 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.

Re-type Password *

Attestation and Electronic Signature:

Step 4: 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.”

Entity Information
Address Information
Ownership Details
Additional Information
Questions
Attestation

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.

Fees paid will not be refunded for failure to obtain approval, voluntary withdrawal or cancellation of the event.

Name * Date *

Fees:

Step 5: You will be given an opportunity to pay at the end, by using either a check (E-Check option) or a charge card (credit or debit card).

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

Fee Detail

Fee Details	
Licensing fee (002-FOOD ESTABLISHMENT (RESTAURANT))	\$200.00
Total Fee	\$200.00

Do NOT push the “Pay Now” button more than once.
Do not push the go back arrow using your browser. To review or update your application information click on “Edit Application”.
Failure to comply with these instructions may result in multiple charges.

[Edit Application](#) [Pay Now](#)