

# ALiS

## Centralized Licensing, Inspections and Complaints System (CLICS) Bottled Water Facilities: Consumer Application Guide

To begin the licensing process, go to <https://nvdpbh.aithent.com/login.aspx> and then click on the Environmental Health tab. Select the link under “Apply for a Common Business Application”:

The screenshot shows the ALiS login page. At the top, there are navigation tabs: HCQC, Child Care, and Environmental Health. The 'Environmental Health' tab is circled in yellow. Below the tabs, there is a 'USER LOGIN' section with fields for 'Login Name' and 'Password', and a 'Login' button. To the right, there is a 'Welcome to the online... Renewals system for the Environmental Health Section:' message. Below this, there are instructions for 'Return Users' and 'New Users'. A section titled 'Select the Common Business Application on the left hand side to apply for the following annual license types:' lists various application types such as 'Food Establishment', 'Public Bathing Places', etc. The 'NEW APPLICANTS APPLY HERE' section is circled in yellow and contains links for 'To apply for a Common Business Application: Click Here', 'To apply for Temporary Food Establishment: Click Here', and 'To Search for an Environmental Health Facility Licensee: Click Here'. At the bottom, there are logos for accepted payment methods: VISA, MasterCard, echeck, and DISCOVER.

### Initial Registration Page:

The screenshot shows the initial registration page. It is divided into three main sections: 'Facility Information', 'Mailing Address', and 'Online Account Information'. The 'Facility Information' section includes a note about Nevada Business ID and a 'Facility Name (DBA Name) \*' field. 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 \*'. A note states: '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:

- **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: Bottled Water Distributor

Select “Bottled Water Distributor” and then in the area that appears below select the option that is appropriate to your business (either In-State or Out-of-State bottled water). Ignore the risk category checkboxes as they are not needed for this license.

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:** A heading with an asterisk. Below it is the question "Which application would you like to apply?". There are two columns of radio button options. The option "Bottled Water Distributor" is selected and circled in yellow.

**Credential Information:** A heading with an asterisk. Below it are two rows of options. The first row is "Manufactured Food (Bottled Water) (In-State) Checklist" with a checked checkbox circled in yellow. To its right are "Endorsement" and three risk category checkboxes: "Category 1 - Low Risk", "Category 2 - Moderate Risk", and "Category 3 - High Risk". The second row is "Manufactured Food (Bottled Water) (Out-of-State) Checklist" with an unchecked checkbox.

At the bottom left is a "Reset" button. At the bottom center is a "Next" button 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.

- When you are finished filling out the form, click the **Next** button.

Requested Credential(s) : **MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)**



Please review Information for accuracy.

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**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) *	<input type="text" value="Mountain Springs Water"/>	NV Business ID	<input type="text"/>
Registered Name with Secretary of State (Legal/Business Name)	<input type="text" value="Mountain Springs Water"/>	Ownership Type *	<input type="text" value="LLC"/>
Primary Contact First Name *	<input type="text" value="Joe"/>	Primary Contact Middle Name	<input type="text"/>
Primary Contact Last Name *	<input type="text" value="Montana"/>	Primary Contact Role *	<input type="text" value="Owner"/>
Primary Contact Email *	<input type="text" value="joemontana@mounta"/>	Primary Contact Phone *	<input type="text" value="775-687-7560"/>

**Hours Of Operations - MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE) \***

Day	Work Hours	From	To
Sunday	Open at Set Time	8 00 AM	9 00 PM
Monday	Open at Set Time	8 00 AM	9 00 PM
Tuesday	Open at Set Time	8 00 AM	9 00 PM
Wednesday	Open at Set Time	8 00 AM	9 00 PM
Thursday	Open at Set Time	8 00 AM	9 00 PM

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

**Mailing Address** Copy From

Country *	<input type="text" value="United States"/>	Apt/Unit/etc.	<input type="text"/>
Address *	<input type="text" value="222 steak road"/>	County *	<input type="text" value="Carson City"/>
City *	<input type="text" value="Carson City"/>	State/Province *	<input type="text" value="Nevada"/>
Zip *	<input type="text" value="12345"/>	Primary Phone # - Ext *	<input type="text" value="111-111-1111"/>
Fax	<input type="text"/>	Primary-Email *	<input type="text" value="chuck@chuckssteakhou"/>
		Alternate Phone # - Ext.	<input type="text"/>
		Alternate E-mail	<input type="text"/>

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**Physical Address of Facility** Copy From

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

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**Billing Address** Copy From

Country	<input type="text" value="United States"/>	Apt/Unit/etc.	<input type="text"/>
Contact Person	<input type="text"/>	County	<input type="text" value="-- Choose One --"/>
Address	<input type="text"/>	State/Province	<input type="text" value="Nevada"/>
City	<input type="text"/>	Primary Phone # - Ext	<input type="text"/>
Zip	<input type="text"/>	Primary-Email	<input type="text"/>
Fax	<input type="text"/>	Alternate Phone # - Ext.	<input type="text"/>
		Alternate E-mail	<input type="text"/>

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# 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) : **MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)**

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

Ownership Information  
You must add atleast one owner.Please click ADD link to add an owner. **Add**

Ownership Detail -- Webpage Dialog  
https://nvdpbh.ahent.com:9443/Protected/LIC/OwnershipDetails.aspx?OwnerType=IND&LicenseTypeCode=051&OwnershipInformation=Y&OwnershipInformationApp=&CorporationInfor

Welcome EHS TEST PROFILE  
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

**Close** **Save**

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.

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:

**Additional Information - Manufactured Food (Bottled Water)(In-State)**

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

Establishment Name *	<input type="text" value="Mountain Spring Water"/>	FDA Certification #	<input type="text" value="1234567890"/>
Responsible Person *	<input type="text" value="Joe Montana"/>	Facility area in square feet	<input type="text" value="15000"/>
Number of seats including outside seating area	<input type="text"/>	Label count	<input type="text" value="10"/>
Number of drive up windows	<input type="text"/>	Total number of rooms	<input type="text"/>
Camping spaces	<input type="text"/>	Total number of vehicle	<input type="text"/>
Total number of workers	<input type="text"/>	Open Date	<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

What type of plan review fee do you own for new business? \*  Full Plan Review  Remodel 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.*

- **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.
- **FDA Certification #:** If you have an FDA certification number, enter it here.
- **Facility Area in Square Feet:** enter the size of your facility
- **Label Count:** enter the number of labels you will need for your products
- **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 you need a plan review. For In-State licenses, a plan review is generally required. For Out-of-State licenses, select "No" – a plan review is not required.

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) : **MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)(CATEGORY 1 - LOW RISK, CATEGORY 2 - MODERATE RISK)**

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

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### 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 type="radio"/> No

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**Reset**

## 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) : **MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)(CATEGORY 1 - LOW RISK, CATEGORY 2 - MODERATE RISK)**

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

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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 \*   

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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 (051-Manufactured Food (Bottled Water)(In-State))	\$150.00
Labels (Manufactured Food (Bottled Water)(In-State))	\$830.00
Plan Review Fee (Manufactured Food (Bottled Water)(In-State))	\$200.00
<b>Total Fee</b>	<b>\$1,180.00</b>



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

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

**How would you like to pay?**


**Card**

PAY BY

**eCheck**

PAY WITH



[Cancel Order](#)

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

**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. 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**

Thank you for using our online services. Your **Bottled Water Distributor** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **458**. If we need any additional information; we will contact you.

The payment receipt has been sent to: [chuck@chuckssteakhouse123.net](mailto: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
1		Additional supporting documents	<a href="#">Documents (0)</a>	N/A
2	Manufactured Food (Bottled Water)(In-State)	Supplemental Application for a Bottled Water Distributor. <a href="#">Click here</a> for application.	<a href="#">Documents (0)</a>	Pending
3	Manufactured Food (Bottled Water)(In-State)	Food Establishment Plan Review Application. <a href="#">Click here</a> for application.	<a href="#">Documents (0)</a>	Pending
4	Manufactured Food (Bottled Water)(In-State)	Plan drawn to scale of food establishment	<a href="#">Documents (0)</a>	Pending
5	Manufactured Food (Bottled Water)(In-State)	Product List	<a href="#">Documents (0)</a>	Pending
6	Manufactured Food (Bottled Water)(In-State)	Equipment specification sheets (i.e. Manufacture Specification Sheets)	<a href="#">Documents (0)</a>	Pending
7	Manufactured Food (Bottled Water)(In-State)	Sanitation Manager	<a href="#">Documents (0)</a>	Pending
8	Manufactured Food (Bottled Water)(In-State)	Label Application. <a href="#">Click here</a> for application	<a href="#">Documents (0)</a>	Pending
9	Manufactured Food (Bottled Water)(In-State)	Copies of 3 most recent bacteriological tests for each product	<a href="#">Documents (0)</a>	Pending
10	Manufactured Food (Bottled Water)(In-State)	Copy of permit issued by local authority	<a href="#">Documents (0)</a>	Pending
11	Manufactured Food (Bottled Water)(In-State)	Copy of recent chemical analysis of water source and finished product.	<a href="#">Documents (0)</a>	Pending
12	Manufactured Food (Bottled Water)(In-State)	Water source approval documentation	<a href="#">Documents (0)</a>	Pending

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

<https://nvdph.athent.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)

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**

Password is case sensitive.

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 License: [Click Here](#)

Welcome to the online licensing and certification system for Environmental Health Program!

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:

[Return To Home](#)

## Pending / Incomplete Online Application(s)

Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Bottled Water Distributor	175235	06/08/2017	Review by State	<a href="#">Application Summary</a>	<a href="#">View Details</a>	Withdraw
Re-model Application	175233	06/06/2017	Review by State	<a href="#">Application Summary</a>	<a href="#">View Details</a>	Withdraw
Shellfish Distributor	175230	06/05/2017	Review by State	<a href="#">Application Summary</a>	<a href="#">View Details</a>	Withdraw

You will see a checklist of documents needed for processing. Select “Click here” for the forms you need to download and complete. Save the completed document to your desktop (or print and scan to save a copy). Select “Documents” in the View/Attach column for each item to attach the completed documents (a new pop-up window will open):

### Pending Application Details

Application Details		
Application Type	Transaction #	Current Step
Bottled Water Distributor	175235	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	MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)	Supplemental Application for a Bottled Water Distributor. <a href="#">Click here</a> for application.	<a href="#">Documents (0)</a>	Pending
3	MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)	Food Establishment Plan Review Application. <a href="#">Click here</a> for application.	<a href="#">Documents (0)</a>	N/A
4	MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)	Plan drawn to scale of food establishment	<a href="#">Documents (0)</a>	Pending
5	MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)	Product List	<a href="#">Documents (0)</a>	Pending
6	MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)	Equipment specification sheets (i.e. Manufacture Specification Sheets)	<a href="#">Documents (0)</a>	Pending
7	MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)	Sanitation Manager	<a href="#">Documents (0)</a>	Pending
8	MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)	Label Application. <a href="#">Click here</a> for application. Only submit new labels not already approved by DPBH or FDA.	<a href="#">Documents (0)</a>	N/A
9	MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)	Copies of 3 most recent bacteriological tests for each product	<a href="#">Documents (0)</a>	Pending
10	MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)	Copy of permit issued by local authority	<a href="#">Documents (0)</a>	N/A
11	MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)	Copy of recent chemical analysis of water source and finished product.	<a href="#">Documents (0)</a>	Pending
12	MANUFACTURED FOOD (BOTTLED WATER)(IN-STATE)	Water source approval documentation	<a href="#">Documents (0)</a>	Pending

In the new pop-up window, select “add” and then select “Browse” and locate the document from the location it is saved. Add the document and select “upload”:

The screenshot shows a web application interface. At the top, there are two sections: 'Application Details' and 'Checklist'. The 'Application Details' section contains a table with the following data:

Application Type	Transaction #	Current Step
Bottled Water Distributor	175235	Review by State

Below this is the 'Checklist' section. A 'Document Upload' dialog box is open, titled 'Document Upload -- Webpage Dialog'. The URL in the address bar is <https://nvdpbh.aithent.com:9443/Protected/LIC/DocumentUpload.aspx?BusinessUnitCode=EHS&IsPopUp=Y&mode=M&ReferenceType=CHK&XPath=>. The dialog contains the following text:

**Document Upload**

Welcome EHS TEST  
Fields marked with asterisk (\*) are required.

**Instructions:**

1. Click 'Add' to create a new row.
2. Click 'Browse' on the row to select document. Repeat steps 1 & 2 to select more documents.
3. Click 'Upload' button to attach all selected documents.

Below the instructions is a section titled 'Attach Document(s)'. It contains a table with the following columns: Document, Comments, and Delete. The 'Add' button is located to the right of the table. The 'Browse...' button is located in the 'Document' column of the table. The 'Upload' button is located at the bottom of the dialog. The 'Close' button is located at the bottom left of the dialog.

Document	Comments	Delete
<input type="text" value="Browse..."/>		Delete

STATE) MANUFACTURED

Repeat these last steps for each document you need to attach.