

# ALiS

## Centralized Licensing, Inspections and Complaints System (CLICS)

### Cottage Foods 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 middle 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 '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' and 'To apply for Temporary Food Permit: Click Here'. On the right, there are navigation tabs for 'HCQC', 'Child Care', and 'Environmental Health'. The 'Environmental Health' tab is circled in yellow. Below the tabs is a 'Welcome' message and instructions for return and new users. A list of 'Common Business Applications' is provided, including 'Cottage Food Registration'. A red arrow points from the text above to the 'NEW APPLICANTS APPLY HERE' section. The 'Register Here' link in the 'Already Licensed by NV DPBH' section is also circled in yellow.

### 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 fields for 'Facility Name (DBA Name)' and 'NV Business ID'. The 'Mailing Address' section includes fields for 'Country', 'Address', 'City', 'State/Province' (set to Nevada), 'Zip', 'Fax', 'Apt/Unit/etc.', 'County', 'Primary Phone # - Ext.', 'Primary-E-mail', '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', and 'Back' buttons. The 'Register' button is circled in yellow.

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: Cottage Food Registration

Click the Cottage Food Registration option and a list of different product types will be displayed below. These are the only allowable food/product types for cottage foods. If you have other products not listed you will need to apply for a different license type when you are finished with this one.

A comprehensive list of food establishment credential types and an explanation of risk categories may be found on the Food Establishment section of the [dpbh.nv.gov](http://dpbh.nv.gov) website.

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

**Application Type \***

Which application would you like to apply?

Food Establishment       Public Bathing Place  
 Cottage Food Registration       Public Accommodations  
 Food Establishment Exemption       Drug/Cosmetic Manufacturer  
 Shellfish Distributor       Camping and Recreational Vehicle Park  
 Bottled Water Distributor       Institutions  
 Certificates of Free Sale       Sewage Programs  
 Farm to Fork Registration

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**Credential Information \***

Cottage Food Registration Checklist

Endorsement

Cereals, trail mixes and granola  
 Dry herbs and seasoning mixes  
 Nuts and nut mixes  
 Vinegar and flavored vinegar (no herbs, vegetables, or fruit in final product)  
 Baked Goods (Non PHF/TCS) (no cream cheese, meringue, or custard fillings)

Dried Fruits  
 Jams, jellies, and preserves (consisting of fruit products, no vegetables)  
 Popcorn and Popcorn balls  
 Candies

Reset      **Next**

As an example, dried fruits and nuts were selected.

# 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.

Requested Credential(s) : **Cottage Food Registration(Dried Fruits, Nuts and nut mixes)**

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](#)

Facility Name (DBA Name) *	<input type="text" value="Chuck's Steakhouse"/>	NV Business ID	<input type="text" value="NV12345678901"/>
Registered Name with Secretary of State (Legal/Business Name)	<input type="text" value="Chuck's Steakhouse"/>	Ownership Type *	<input type="text" value="LLC"/>
Primary Contact First Name *	<input type="text" value="Chuck"/>	Primary Contact Middle Name	<input type="text"/>
Primary Contact Last Name *	<input type="text" value="Norris"/>	Primary Contact Role *	<input type="text" value="Owner"/>
Primary Contact Email *	<input type="text" value="chuck@chuckssteakhou"/>	Primary Contact Phone *	<input type="text" value="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. When you have entered these click the **Next** button.

Requested Credential(s) : **Food Establishment (Restaurant), Food Establishment (Bar/Service Bar)**

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

Please review Address Information for accuracy. «Back Next»

**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"/>	State/Province *	<input type="text" value="Nevada"/>	County *	<input type="text" value="Carson City"/>
City *	<input type="text" value="Carson City"/>	Primary Phone # - Ext *	<input type="text" value="111-111-1111"/>	Alternate Phone # - Ext.	<input type="text"/>
Zip *	<input type="text" value="12345"/>	Primary-E-mail *	<input type="text" value="chuck@chuckssteakhou"/>	Alternate E-mail	<input type="text"/>
Fax	<input type="text"/>				

**Physical Address of Facility** Copy From

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

**Billing Address** Copy From

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

«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.

**Ownership Detail**

Fields marked with asterisk (\*) are required.

**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 \* [ United States ]  
Address \* [ ] Apt/Unit/etc. [ ]  
City \* [ ] State/Province \* [ Nevada ] County \* [ -- Choose One -- ]  
Zip \* [ ] Primary Phone # - Ext \* [ ] Alternate Phone # - Ext. [ ]  
Fax [ ] Primary-E-mail \* [ ] Alternate E-mail [ ]

OK Close

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

Edited: 6/01/2017

## Additional Information:

Here you will enter more detailed information about your business:

### Additional Information - Cottage Food Registration

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

Establishment Name *	<input type="text"/>	FDA Certification #	<input type="text"/>
Responsible Person *	<input type="text"/>	Facility area in square feet	<input type="text"/>
Number of seats including outside seating area	<input type="text"/>	Label count	<input type="text"/>
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"/>	Close Date	<input type="text"/>
Open 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 the license with these fields:

- **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 #:** enter it here if you have one for the facility (applies mostly to food manufacturers)
- **Number of seats:** Enter the number of seats in your establishment (for service establishments)
- **Number of drive up windows:** Enter the number of drive up windows (for service establishments)
- **Facility area in square feet:** enter the size of your facility
- **Label count:** enter the number of labels you need allocated, if applicable (for manufacturing)
- **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:** The answer will be "No" for this question, as a plan review is not required for a cottage food operation.

This page maintains other fields for 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»

### 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

«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”**.

**Cottage Food Registration**

Fields marked with asterisk (\*) are required.

Requested Credential(s) : **COTTAGE FOOD REGISTRATION(CEREALS, TRAIL MIXES AND GRANOLA, NUTS AND NUT MIXES, BAKED GOODS (NON PHF/TCS)(NO CREAM CHEESE, MERINGUE, OR CUSTARD FILLINGS))**

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.
- I understand that inspections will not be conducted and that I will be solely responsible for the safety of the food sold from this cottage food operation. I understand that I will be financially liable for any fees and/or costs incurred by the Health Authority in regard to any investigation of food adulteration or foodborne illness complaints filed against my cottage food operation found to be valid.
- I understand that my personal information will be added to the Cottage Foods Registry and published on the Environmental Health website.

Name \*  Date \*

**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 as applicable. Below is the section where you can upload documents proving cottage food operation registration with other Health Districts in Nevada (for Operations located in Washoe, Carson City, Douglas, or Clark Counties) or any other requested items. 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).

## Cottage Food Registration Submitted

### 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 **Cottage Food Registration** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **175217**. If we 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	<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, go to <https://nvdpbh.athent.com/login.aspx> and then enter your user name and password and then click the **Login** button:

You will see a menu on the left side:

Edited: 6/01/2017

**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. Click on "View Details" for the application you want to look at:

Pending / Incomplete Online Application(s)						
Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Cottage Food Registration	451	10/02/2015	Review by State	<a href="#">Application Summary</a>	<a href="#">View Details</a>	Withdraw
Food Establishment	449	10/01/2015	Review by State	<a href="#">Application Summary</a>	<a href="#">View Details</a>	Withdraw

Now you will see the check list again where you can review the status of each item and attach additional documents if needed:

**Pending Application Details**

**Application Details**

Application Type	Transaction #	Current Step
Cottage Food Registration	175217	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

[Back To Pending Application List](#)

When all required items are uploaded and/or reviewed, your application will be processed.

If you need help or have questions, please contact us at: [EHScustomerservice@health.nv.gov](mailto:EHScustomerservice@health.nv.gov) or call us at 775-687-7533.