

ALiS

Centralized Licensing, Inspections and Complaints System (CLICS) Drug and Cosmetic Manufacturing: 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":

USER LOGIN

Login Name

Password

Forgot Login/Password

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 Licensee: [Click Here](#)

HCQC Child Care **Environmental Health**

Welcome to the online Permits and Renewals system for the Environmental Health Section:

Return Users: Type in your user name, password and then click on the LOGIN box.
New Users: Click on "create a new account" and follow the on-screen directions.

Select the Common Business Application on the left hand side to apply for the following annual license types:

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

Select Temporary Food Establishment for special event permits.

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

We accept:

Initial Registration Page:

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

Re-type Password * and one special character.

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: Drug and Cosmetic Manufacturing

Select “Drug/Cosmetic Manufacturer” and then in the area that appears below select one of the options.

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

The screenshot shows a web form titled "Application Type" with a red asterisk. Below the title is the question "Which application would you like to apply?". There are two columns of radio button options. The option "Drug/Cosmetic Manufacturer" is selected and circled in yellow. Below this section is a "Credential Information" section with a red asterisk. It contains a table with three rows. The first row is "Drug (w/ Amygdalin/Procaine hydrochloride) Checklist" with an unchecked checkbox. The second row is "Drug (w/o Amygdalin/Procaine hydrochloride) Checklist" with a checked checkbox, circled in yellow. The third row is "Cosmetic Manufacturing Checklist" with an unchecked checkbox. Each row has an "Endorsement" column with the text "Endorsement" and a value column with "N/A". At the bottom of the form are two buttons: "Reset" and "Next", both circled in yellow.

Application Type *		
Which application would you like to apply?		
<input type="radio"/> Food Establishment	<input type="radio"/> Public Bathing Place	
<input type="radio"/> Cottage Food Registration	<input type="radio"/> Public Accommodations	
<input type="radio"/> Food Establishment Exemption	<input checked="" type="radio"/> Drug/Cosmetic Manufacturer	
<input type="radio"/> Shellfish Distributor	<input type="radio"/> Camping and Recreational Vehicle Park	
<input type="radio"/> Bottled Water Distributor	<input type="radio"/> Institutions	
<input type="radio"/> Certificates of Free Sale	<input type="radio"/> Sewage Programs	
<input type="radio"/> Farm to Fork Registration		
Credential Information *		
<input type="checkbox"/> Drug (w/ Amygdalin/Procaine hydrochloride) Checklist	Endorsement	N/A
<input checked="" type="checkbox"/> Drug (w/o Amygdalin/Procaine hydrochloride) Checklist	Endorsement	N/A
<input type="checkbox"/> Cosmetic Manufacturing Checklist	Endorsement	N/A
<div>Reset</div> <div>Next</div>		

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

- **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.

- **Hours of Operation**

- 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. Be sure to enter this information for all 7 days of the week. You will need to scroll down using the **scroll bar** on the side to reveal all the days of the week.

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

Drug/Cosmetic Manufacturer

Fields marked with asterisk (*) are required.

Requested Credential(s) : **COSMETIC MANUFACTURING**

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) * Registered Name with Secretary of State (Legal/Business Name) Primary Contact First Name * Primary Contact Last Name * Primary Contact Email *	<div style="border: 1px solid #ccc; padding: 2px;">EHS TEST</div> <div style="border: 1px solid #ccc; padding: 2px;">JOSEPH</div> <div style="border: 1px solid #ccc; padding: 2px;">ROLLER</div> <div style="border: 1px solid #ccc; padding: 2px;">jroller@health.nv.gov</div>	NV Business ID Ownership Type * Primary Contact Middle Name Primary Contact Role * Primary Contact Phone *	<div style="border: 1px solid #ccc; height: 20px;"></div> <div style="border: 1px solid #ccc; padding: 2px;">LLC</div> <div style="border: 1px solid #ccc; padding: 2px;"></div> <div style="border: 1px solid #ccc; padding: 2px;">Owner</div> <div style="border: 1px solid #ccc; padding: 2px;">775-697-7560</div>
---	--	--	---

Hours Of Operations - COSMETIC MANUFACTURING *

Day	Work Hours	From	To
Sunday	Closed		
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.

Mailing Address				Copy From	
Country *	United States				
Address *	222 steak road		Apt/Unit/etc.		
City *	Carson City	State/Province *	Nevada	County *	Carson City
Zip *	12345	Primary Phone # - Ext *	111-111-1111	Alternate Phone # - Ext.	
Fax		Primary-E-mail *	chuck@chuckssteakhou	Alternate E-mail	

Physical Address of Facility				Copy From	
Country	United States				
Contact Person			Apt/Unit/etc.		
Address *	222 steak road		County		
City	Carson City	State/Province	Nevada	County	Carson City
Zip	12345	Primary Phone # - Ext	111-111-1111	Alternate Phone # - Ext.	
Fax		Primary-E-mail	chuck@chuckssteakhou	Alternate E-mail	

Billing Address				Copy From	
Country	United States				
Contact Person			Apt/Unit/etc.		
Address			County		
City		State/Province	Nevada	County	-- Choose One --
Zip		Primary Phone # - Ext		Alternate Phone # - Ext.	
Fax		Primary-E-mail		Alternate E-mail	

«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

Please click 'Add' to add a new row.

Add Delete «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.

Fields marked with asterisk (*) are required.

Ownership Detail

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

Mailing Address

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

OK **Close**

The fields with the red asterisk (*) are required

Additional Information:

The Additional Information section will be shown:

Drug/Cosmetic Manufacturer

Fields marked with asterisk (*) are required.

Requested Credential(s) : **COSMETIC MANUFACTURING**

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

<< Back **Next >>**

Additional Information - COSMETIC MANUFACTURING

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

Establishment Name *	<input type="text" value="Small PHARMA"/>	FDA Certification #	<input type="text" value="1234567890"/>
Responsible Entity Name *	<input type="text" value="Johnny Walker"/>	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 or 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

Reset **<< Back** **Next >>**

This information is extremely important for accurate records. It has a section for each license with the same fields:

A label review will be required as part of the Plan Review Process. Please refer to

http://dpbh.nv.gov/Reg/Environmental_Health/

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 #:** You must obtain FDA certification prior to applying. See: <http://www.fda.gov/Drugs/default.htm> for more information.
- **Facility Area in Square Feet:** The size or estimated size of your facility.
- **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 your license requires a plan review by staff; the answer may be "No", "Full review", or "Remodel" depending on your situation.

IMPORTANT: Please call us at (775) 687-7533 for Drug and Cosmetic manufacturing licenses.

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»

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**”.

Drug/Cosmetic Manufacturer

Fields marked with asterisk (*) are required.

Requested Credential(s) : **COSMETIC MANUFACTURING**

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.
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 * 06/02/2017

<< Back

Submit Application

Fees:

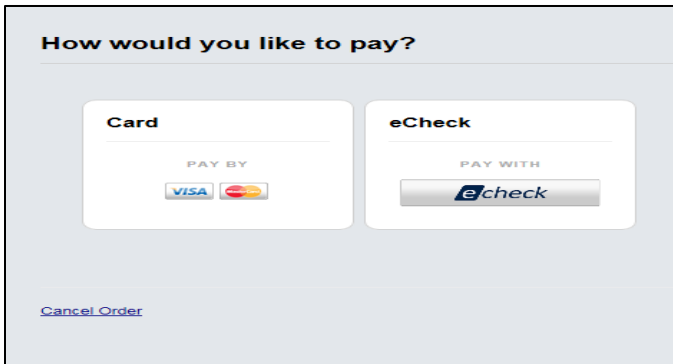
“Fee Details” explains what fees are being charged for this credential type. Select **Pay Now** to continue.

Fee Details

Licensing fee (039-Drug (w/o Amygdalin/Procaine hydrochloride))	\$2,000.00
Total Fee	\$2,000.00

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. **Note:** For drug manufacturing (with amygdalin/procaine) licenses, you may be forced to use the eCheck option depending on the amount due.

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).

Drug/Cosmetic Manufacturer 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 **Drug/Cosmetic Manufacturer** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **175225**. If we need any additional information; we will contact you.

The payment receipt has been sent to: JROLLER@HEALTH.NV.GOV

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

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	Documents (0)	N/A
2	COSMETIC MANUFACTURING	Application for a Cosmetics Manufacturing Facility	Documents (0)	Pending
3	COSMETIC MANUFACTURING	Completed Plan Review Application. Please Click here to download the application	Documents (0)	Pending
4	COSMETIC MANUFACTURING	Product List with Ingredients	Documents (0)	N/A
5	COSMETIC MANUFACTURING	Proof of registration/certification with the Food & Drug Administration.	Documents (0)	Pending

[Return to Home](#)

[Logout](#)

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

Edited 6/02/2017

Returning to complete an application:

To return to your account to complete an application or manage your licenses, go to the website and then enter your user name and password and then click the **Login** button:

The screenshot shows the homepage of the Nevada Department of Health and Human Services (DPBH) Online Licensing System (ALiS). The header includes the state seal, the department name, and the ALiS logo. A navigation bar lists various services: HCQC, Emergency Medical Services, Environmental Health (highlighted), Child Care, and Medical Marijuana. The main content area features a 'USER LOGIN' section with fields for 'Login Name' and 'Password', a 'Forgot Login/Password' link, and a 'Login' button. A note states 'Password is case sensitive.' Below the login section is a 'NEW APPLICANTS APPLY HERE' section with links for common business applications, temporary food permits, and environmental health facility licenses. A welcome message for the Environmental Health Program is also present, along with contact information and accepted payment methods (Visa, MasterCard, echeck).

You will see a menu on the left side:

The screenshot shows the left-hand menu of the ALiS system. The menu is divided into two sections. The top section, 'Contact Information', lists details for 'Chuck's Steakhouse' including its name, address (222 steak road, Carson City NV 12345), phone number (111-111-1111), and email (chuck@chuckssteakhouse123.net). The bottom section, 'WHAT DO YOU WANT TO DO?', is circled in yellow and contains a list of actions: View Pending Online Application(s), Renew, Apply for New License, Statement of Deficiency/OOC, Pay Invoice(s), Remodel, Change Contact Information, View Credential(s), and 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:

Pending / Incomplete Online Application(s)

[Return To Home](#)

Pending / Incomplete Online Application(s)

Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Drug/Cosmetic Manufacturer	175225	06/02/2017	Review by State	Application Summary	View Details	Withdraw
Camping and Recreational Vehicle Park	175224	06/02/2017	Review by State	Application Summary	View Details	Withdraw
Cottage Food Registration	175217	05/31/2017	Review by State	Application Summary	View Details	Withdraw
Certificates of Free Sale	175216	05/31/2017	Review by State	Application Summary	View Details	Withdraw
Food Establishment Exemption	175215	05/31/2017	Review by State	Application Summary	View Details	Withdraw
Food Establishment	175213	05/24/2017	Review by State	Application Summary	View Details	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
Drug/Cosmetic Manufacturer	175225	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	Documents (0)	N/A
2	COSMETIC MANUFACTURING	Application for a Cosmetics Manufacturing Facility	Documents (0)	Pending
3	COSMETIC MANUFACTURING	Completed Plan Review Application. Please Click here to download the application	Documents (0)	Pending
4	COSMETIC MANUFACTURING	Product List with Ingredients	Documents (0)	N/A
5	COSMETIC MANUFACTURING	Proof of registration/certification with the Food & Drug Administration.	Documents (0)	Pending