

ALiS

Centralized Licensing, Inspections and Complaints System (CLICS) Exemptions from Permit: Consumer 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, there 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 Temporary Food Permit: 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' message and instructions for 'Return Users' and 'New Users'. A list of license types is provided, including 'Food Establishment Exemption' and 'Public Accommodations'. At the bottom, there are contact details and logos for accepted payment methods (VISA, MasterCard, echeck, DISCOVER).

Initial Registration Page:

Complete all fields with a red star (*).

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

- **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: Exempt Food Establishments

This license type is appropriate for establishments operating under the NRS 446.870 statute.

Click the Food Establishment Exemption option and then click on the checkbox to select the Food Establishment (Exempted-NRS 446.870) license. Next, select one option on the right that is appropriate for your situation. You must select one of these and be able to provide documentation to support it.

A comprehensive list of food establishment credential types and an explanation of risk categories may be found on the Food Establishment section of the dphh.nv.gov website.

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

Application Type *

Which application would you like to apply?

- 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 *

<input checked="" type="checkbox"/> Food Establishment (Exempted-NRS 446.870) Checklist	Endorsement	<input checked="" type="checkbox"/> Providing documentation that the event coordinator has leased the location and that the event coordinator is a non profit organization	<input type="checkbox"/> Providing documentation that the food establishment does not require a permit as per Nevada State Law
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Reset **Next**

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

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) *	Bob's Mini-mart	NV Business ID	NV12345678901
Registered Name with Secretary of State (Legal/Business Name)	Bob's Mini-mart	Ownership Type *	LLC
Primary Contact First Name *	Robert	Primary Contact Middle Name	
Primary Contact Last Name *	Dinero	Primary Contact Role *	Owner
Primary Contact Email *	robert@theminimart.com	Primary Contact Phone *	111-111-1111

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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

Country * United States

Address * 222 steak road

City * Carson City State/Province * Nevada

Zip * 12345 Primary Phone # - Ext * 111-111-1111

Fax Primary-Email * chuck@chuckssteakhou

Apt/Unit/etc. County * Carson City

Alternate Phone # - Ext. Alternate E-mail

Physical Address of Facility

Country United States

Contact Person

Address * 222 steak road

City Carson City State/Province Nevada

Zip 12345 Primary Phone # - Ext 111-111-1111

Fax Primary-Email chuck@chuckssteakhou

Apt/Unit/etc. County Carson City

Alternate Phone # - Ext. Alternate E-mail

Billing Address

Country United States

Contact Person

Address

City State/Province Nevada

Zip Primary Phone # - Ext

Fax Primary-Email

Apt/Unit/etc. County -- Choose One --

Alternate Phone # - Ext. Alternate E-mail

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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) : **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.

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-Email * [] Alternate E-mail []

OK Close

The fields with the red asterisk (*) are required

Additional Information:

The Additional Information section will be shown:

Additional Information - Food Establishment (Exempted-NRS 446.870)

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 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 #:** 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 (for manufacturing and markets)
- **Label count:** enter the number of labels you need allocated (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:** Select "No" – this license type does not need a plan review.

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

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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 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”**.

Food Establishment Exemption

Fields marked with asterisk (*) are required.

Requested Credential(s) : **FOOD ESTABLISHMENT (EXEMPTED-NRS 446.870)(PROVIDING DOCUMENTATION THAT THE EVENT COORDINATOR HAS LEASED THE LOCATION AND THAT THE EVENT COORDINATOR IS A NON PROFIT ORGANIZATION)**

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.
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 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 * 05/31/2017

Submit Application «< Back

Fees:

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

Fee Details	
Licensing fee (085-Food Establishment (Exempted-NRS 446.870))	\$50.00
Total Fee	\$50.00

[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

VISA MASTERCARD

eCheck

PAY WITH

echeck

[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 **Food Establishment Exemption** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **455**. If we need any additional information; we will contact you.

The payment receipt has been sent to: 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	Documents (0)	N/A
2	Food Establishment (Exempted-NRS 446.870)	Application for Exemption from a Food Establishment Permit. Click here for application.	Documents (0)	Pending
3	Food Establishment (Exempted-NRS 446.870)	Product List	Documents (0)	Pending

[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)**

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

Log In 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](#)

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 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

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:

Pending / Incomplete Online Application(s)

[Return To Home](#)

Pending / Incomplete Online Application(s)

Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
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
Food Establishment	175214					Continue Application - 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
Food Establishment Exemption	175215	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	FOOD ESTABLISHMENT (EXEMPTED-NRS 446.870)	Application for Exemption from a Food Establishment Permit. Click here for application.	Documents (0)	Pending
3	FOOD ESTABLISHMENT (EXEMPTED-NRS 446.870)	Product List	Documents (0)	Pending

[Back To Pending Application List](#)