

ALiS

Centralized Licensing, Inspections and Complaints System (CLICS)

Institutions: Construction and Labor Camps – Consumer Instructions

To begin the licensing process, go to <https://nvdpbh.aithent.com/login.aspx> and then click on the Environmental Health tab (the last tab). Select “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 a 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 and one special character.

Re-type Password *

You will need to fill out the following: You must complete all the fields with a red star (*)

- **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. This is not a required field.
- **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: Construction and Labor Camps

Select “Institutions” and then in the area that appears below select “Construction and Labor Camps”.

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

<input type="checkbox"/> PUBLIC, PRIVATE, AND CHARTER SCHOOLS: "SCHOOL" MEANS A CHARTER SCHOOL, PRIVATE SCHOOL OR PUBLIC SCHOOL AS DESCRIBE IN NEVADA ADMINISTRATIVE CODE (NAC) CHAPTER 444 FOR MORE INFORMATION ** THIS DEFINITION DOES NOT INCLUDE CHILD CARE FACILITIES.	N/A
<input checked="" type="checkbox"/> CONSTRUCTION AND LABOR CAMPS: "CONSTRUCTION AND LABOR CAMPS" MEANS A CONSTRUCTION OR LABOR CAMP WHERE TEMPORARY FACILITIES ARE PROVIDED FOR CONSTRUCTION OR MIGRANT LABORERS. GENERALLY WHERE FIVE OR MORE PERSONS ARE EMPLOYED, BUNKHOUSES, TENTS OR OTHER SUITABLE SLEEPING PLACES MUST BE PROVIDED FOR ALL THE EMPLOYEES. THIS DEFINITION DOES NOT APPLY TO FACILITIES FOR PERMANENT FAMILY OR INDIVIDUAL OCCUPANCY, NOR TO FACILITIES OR PREMISES ASSIGNED TO AN EMPLOYEE FOR HIS OR HER EXCLUSIVE USE OR CONVENIENCE. THE APPLICATION OF THESE SECTIONS IS NOT INTENDED TO APPLY TO TEMPORARY RANCHING ACTIVITIES, INCLUDING BUCKAROOING OR THE ROUNDUP AND MOVING OF SHEEP AND CATTLE. [NAC 444.550].	N/A

Select Next to Advance to the Next Screen

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) : **CONSTRUCTION AND LABOR CAMPS**

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) *	<input type="text" value="Labor Camp"/>	NV Business ID	<input type="text"/>
Registered Name with Secretary of State (Legal/Business Name)	<input type="text"/>	Ownership Type *	<input type="text" value="Others"/>
Primary Contact First Name *	<input type="text" value="John"/>	Primary Contact Middle Name	<input type="text" value="Q"/>
Primary Contact Last Name *	<input type="text" value="Public"/>	Primary Contact Role *	<input type="text" value="Person in Charge"/>
Primary Contact Email *	<input type="text" value="JohnQPublic@email.com"/>	Primary Contact Phone *	<input type="text" value="775-687-7533"/>

Hours Of Operations - CONSTRUCTION AND LABOR CAMPS *

Day	Work Hours	From	To
Sunday	<input type="text" value="Open 24 Hours"/>		
Monday	<input type="text" value="Open 24 Hours"/>		
Tuesday	<input type="text" value="Open 24 Hours"/>		
Wednesday	<input type="text" value="Open 24 Hours"/>		
Thursday	<input type="text" value="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.

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

Please click 'Add' to add a new row. Information for accuracy.

Copy From

Mailing Address

Country * UNITED STATES

Address * 4150 TECHNOLOGY WAY

City * CARSON CITY State/Province * NEVADA

Zip * 89511 Primary Phone # - Ext * 111-111-1111

Fax Primary-E-mail * NoEmail@noemail.com

Apt/Unit/etc. County * HUMBOLDT

Alternate Phone # - Ext. Alternate E-mail

Physical Address of Facility

Country UNITED STATES

Contact Person

Address * 4150 TECHNOLOGY WAY

City CARSON CITY State/Province NEVADA

Zip 89511 Primary Phone # - Ext 111-111-1111

Fax Primary-E-mail NoEmail@noemail.com

Apt/Unit/etc. County * HUMBOLDT

Alternate Phone # - Ext. Alternate E-mail

Billing Address

Country UNITED STATES

Contact Person

Address

City State/Province NEVADA

Zip Primary Phone # - Ext

Fax Primary-E-mail

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

Alternate Phone # - Ext. Alternate E-mail

Reset << 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.

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

Ownership Information

Please click 'Add' to add a new row.

«Back Add Delete Next»

«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 * 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-Email *

Apt/Unit/etc.
 County *
 Alternate Phone # - Ext.
 Alternate E-mail

The fields with the red asterisk (*) are required

Additional Information:

The Additional Information section will be shown:

Requested Credential(s) : **CONSTRUCTION AND LABOR CAMPS**



Additional Information - CONSTRUCTION AND LABOR CAMPS

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

Establishment Name *

Responsible Entity Name * FDA Certification #

Number of seats including outside seating area Facility square feet

Number of drive up windows Label count

Camping spaces Total number of rooms

Total number of workers Total number of vehicle

Open Date Close Date

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

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: Elko County Labor Camp**
 - o **Example: John Q Public Construction Camp**
- **Responsible Person:** This should be the person-in-charge or owner of the establishment that will be present during an inspection.
- **Open Date and Close Date:** This is designed for seasonal establishments. You may enter the open (or expected open) date as the 1st day of school for the year.
- **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.

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. **Labor Camps have no questions.** When you are finished select the **Next** button.

Requested Credential(s) : **CONSTRUCTION AND LABOR CAMPS**

The screenshot shows a multi-step application process flow: Entity Information, Address Information, Ownership Details, Additional Information, Questions, and Attestation. The 'Questions' step is currently active. Below the flow, there are '<< Back' and 'Next >>' navigation buttons. The 'Questions' section displays a table with one question: 'Answer all questions. If no questions are listed, please click "Next".' At the bottom of the section, there is a 'Reset' button and another set of '<< Back' and 'Next >>' buttons, with the 'Next >>' button circled in yellow.

#	Question	Response
1	Answer all questions. If no questions are listed, please click "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**”.

Requested Credential(s) : PUBLIC, PRIVATE, AND CHARTER SCHOOLS

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 entitiy for which this licensure application is made.

Name * x Date *

[Submit Application](#)

[<< Back](#)

Fees:

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

You will be redirected to the secure payment gateway.

Fee Details	
Licensing fee (035-CONSTRUCTION AND LABOR CAMPS)	\$166.00
Misc Fee for > 30 workers (CONSTRUCTION AND LABOR CAMPS)	\$11.25
Plan Review Fee (CONSTRUCTION AND LABOR CAMPS)	\$135.25
Total Fee	\$312.50

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

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



Select your payment method:

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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.

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.

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

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 **Institutions** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **178320**. If we need any additional information; we will contact you.

The payment receipt has been sent to: NOEMAIL@NOEMAIL.COM

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	CONSTRUCTION AND LABOR CAMPS	Application for Operating a Labor Camp - Click Here	N/A	N/A
3	CONSTRUCTION AND LABOR CAMPS	Plot plan drawn to scale	Documents (0)	Pending

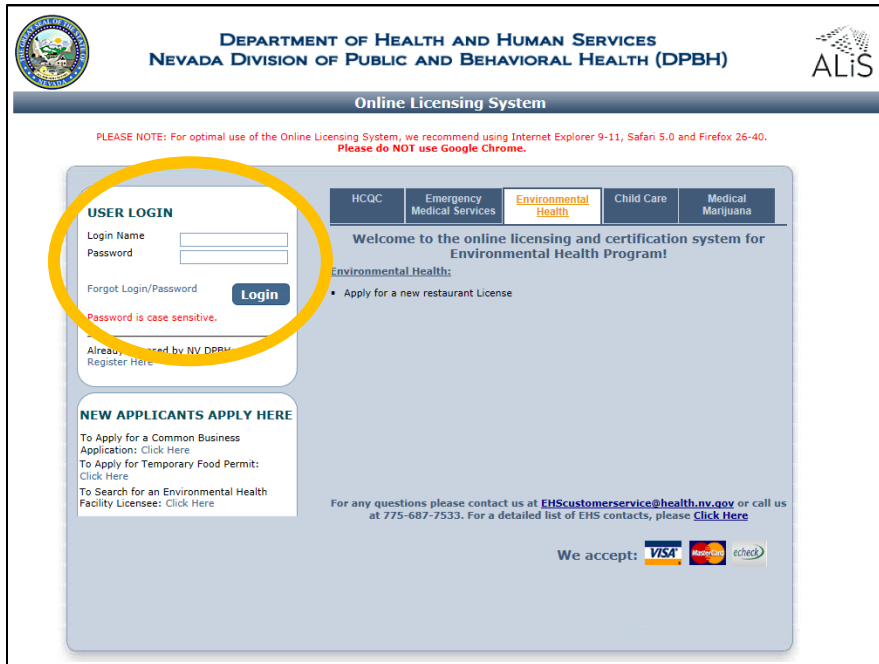
[Return to Home](#)

[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 the site and then enter your user name and password and then click the **Login** button:



You will see a menu on the left side: **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
Institutions	178320	07/19/2017	Review by State	Application Summary	View Details	Withdraw
Institutions	178319	07/19/2017	Review by State	Application Summary	View Details	Withdraw
Institutions	178318	07/19/2017	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:

Application Details

Application Type	Transaction #	Current Step
Institutions	178320	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	CONSTRUCTION AND LABOR CAMPS	Application for Operating a Labor Camp - Click Here	N/A	N/A
3	CONSTRUCTION AND LABOR CAMPS	Plot plan drawn to scale	Documents (0)	Pending

[Back To Pending Application List](#)