

# ALiS

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

### Institutions: Public, Private, and Charter Schools – 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](mailto: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](http://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-Email \*  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: 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: Schools

Select “Institutions” and then in the area that appears below select “Public, Private, and Charter Schools”.

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

**Confidential**

<input checked="" type="radio"/> <b>PUBLIC, PRIVATE, AND CHARTER SCHOOLS:</b> "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.	Endorsement	N/A
<input type="checkbox"/> <b>CONSTRUCTION AND LABOR CAMPS:</b> "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		N/A

**Reset** **Next**

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) : **PUBLIC, PRIVATE, AND CHARTER SCHOOLS**

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="Public School"/>	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="County School District"/>	Primary Contact Middle Name	<input type="text" value="School District"/>
Primary Contact Last Name *	<input type="text" value="Principal"/>	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 - PUBLIC, PRIVATE, AND CHARTER SCHOOLS \*

Day	Work Hours	From	To
Sunday	<input type="text" value="Closed"/>		
Monday	<input type="text" value="Open at Set Time"/>	<input type="text" value="8"/> <input type="text" value="00"/> <input type="text" value="AM"/>	<input type="text" value="4"/> <input type="text" value="00"/> <input type="text" value="PM"/>
Tuesday	<input type="text" value="Open at Set Time"/>	<input type="text" value="8"/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Wednesday	<input type="text" value=""/>		
Thursday	<input type="text" value=""/>		

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.

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

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

Address Information

Please review Address Information for accuracy.

Mailing Address Copy From

Country *	UNITED STATES	Apt/Unit/etc.	
Address *	4150 TECHNOLOGY WAY	County *	HUMBOLDT
City *	CARSON CITY	State/Province *	NEVADA
Zip *	89511	Primary Phone # - Ext *	111-111-1111
Fax		Primary-E-mail *	NoEmail@noemail.com
		Alternate Phone # - Ext.	
		Alternate E-mail	

Physical Address of Facility Copy From

Country	UNITED STATES	Apt/Unit/etc.	
Contact Person		County *	HUMBOLDT
Address *	4150 TECHNOLOGY WAY	State/Province	NEVADA
City	CARSON CITY	Primary Phone # - Ext	111-111-1111
Zip	89511	Primary-E-mail	NoEmail@noemail.com
Fax		Alternate Phone # - Ext.	
		Alternate E-mail	

Billing Address Copy From

Country	UNITED STATES	Apt/Unit/etc.	
Contact Person		County	-- Choose One --
Address		State/Province	NEVADA
City		Primary Phone # - Ext	
Zip		Primary-E-mail	
Fax		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 *	<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

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### Mailing Address

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

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

## Additional Information:

The Additional Information section will be shown:

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

<< Back    Next >>

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

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### Additional Information - PUBLIC, PRIVATE, AND CHARTER SCHOOLS

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

Establishment Name *	<input type="text" value="Public School"/>	FDA Certification	<input type="text"/>
Responsible Entity Name *	<input type="text" value="John Q Public"/>	Security 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"/>	Open Date	<input type="text" value="08/28/2017"/>
Open Date	<input type="text" value="08/28/2017"/>	Close Date	<input type="text" value="06/08/2018"/>

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:  
Edited 7/19/2017

*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: William B Ririe Elementary**
  - o **Example: John Q Public High School**
- **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 1<sup>st</sup> 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. **Schools have no questions.** When you are finished select the **Next** button.

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

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

<< Back    Next >>

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

Reset    << 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**”.

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

[<< Back](#)

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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 entitiy for which this licensure application is made.

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Name \*  x      Date \*

**Submit Application**

[<< Back](#)

**Fees:** NO Fees for Schools.

**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).

## Institutions 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 **Institutions** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **178318**. If we need any additional information; we will contact you.

The payment receipt has been sent to: [NOEMAIL@NOEMAIL.COM](mailto: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	<a href="#">Documents (0)</a>	N/A
2	PUBLIC, PRIVATE, AND CHARTER SCHOOLS	Plot plan drawn to scale	<a href="#">Documents (0)</a>	Pending

[Return to Home](#)

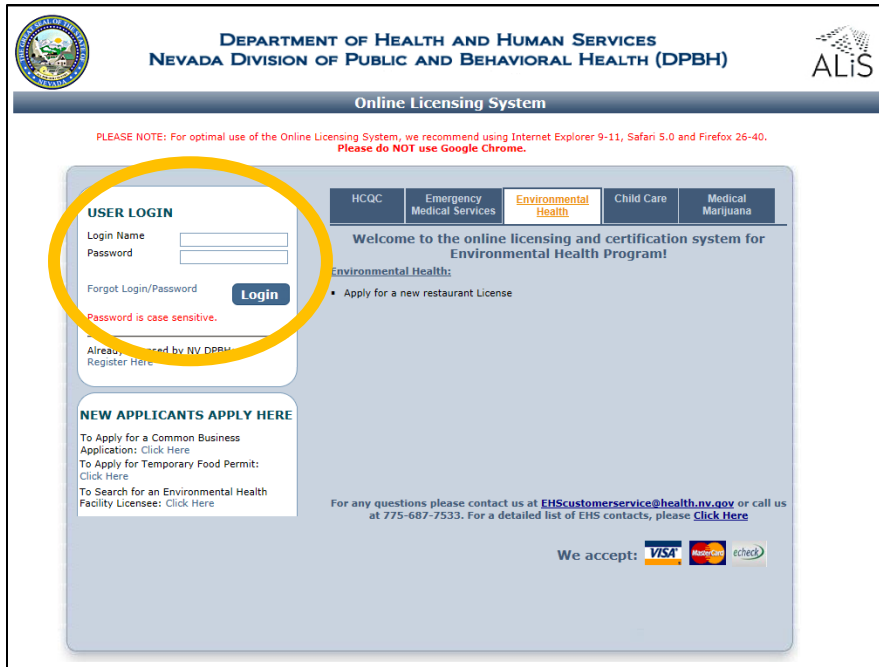
[Logout](#)

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:

Pending / Incomplete Online Application(s)						
Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Institutions	178319	07/19/2017	Review by State	<a href="#">Application Summary</a>	<a href="#">View Details</a>	<a href="#">Withdraw</a>
Institutions	178318	07/19/2017	Review by State	<a href="#">Application Summary</a>	<a href="#">View Details</a>	<a href="#">Withdraw</a>

Edited 7/19/2017

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	178318	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	PUBLIC, PRIVATE, AND CHARTER SCHOOLS	Plot plan drawn to scale	<a href="#">Documents (0)</a>	Pending

[Back To Pending Application List](#)