

ALiS

Centralized Licensing, Inspections and Complaints System (CLICS) Shellfish Distribution Program: Application Instructions

Before beginning your application process, please contact our Shellfish Specialist at 775-687-7571 for guidance. You may leave a voicemail. However, if you need immediate attention call 775-687-7533 and ask for assistance with the Shellfish Program.

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 *

Zip * Primary Phone # - Ext *

Fax Primary-Email *

Apt/Unit/etc.

County *

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:

- **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: Shellfish Distributor

Click the Shellfish Distributor option and then below select Shellfish Distributor Program. In order to determine your risk category, please call **775-687-7533** and ask to speak with someone from the Shellfish Distributor Program. They will tell you which risk category to select on your application as well as answer any questions.

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 Accomodations

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

Credential Information *

Shellfish Distribution Program [Checklist](#)

Endorsement Category 1 - Low Risk Category 2 - Moderate Risk

Category 3 - High Risk

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.

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) *	J's Wholesale Shellfish	NV Business ID	NV12345678901
Registered Name with Secretary of State (Legal/Business Name)	J's Wholesale Shellfish	Ownership Type *	LLC
Primary Contact First Name *	Jack	Primary Contact Middle Name	
Primary Contact Last Name *	Daniels	Primary Contact Role *	Owner
Primary Contact Email *	robert@theminimart.com	Primary Contact Phone *	111-111-1111

Hours Of Operations - Shellfish Distribution Program

Day	Work Hours	From	To
Sunday	Open 24 Hours		
Monday	Open 24 Hours		
Tuesday	Open 24 Hours		
Wednesday	Open 24 Hours		
Thursday	Open 24 Hours		
Friday	Open 24 Hours		
Saturday	Open 24 Hours		

[«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) : **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 [v]

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

Physical Address of Facility Copy From [v]

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

Billing Address Copy From [v]

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

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	<div style="border: 1px solid #ccc; height: 20px;"></div>		

Check all roles that are applicable

Role * Owner Partner Director Other

Mailing Address

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

The fields with the red asterisk (*) are required

Additional Information:

The Additional Information Sections will be shown:

Additional Information - Shellfish Distribution Program

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

Establishment Name *	<input type="text" value="J's Wholesale Shellfish"/>	Responsible Person *	<input type="text" value="Jack Daniels"/>	FDA Certification #	<input type="text" value="1234567890"/>
Number of seats including outside seating area	<input type="text"/>	Facility area in square feet	<input type="text" value="15000"/>	Label count	<input type="text" value="10"/>
Number of drive up windows	<input type="text"/>	Total number of rooms	<input type="text"/>	Total number of vehicle	<input type="text"/>
Camping spaces	<input type="text"/>	Close Date	<input type="text"/>		
Total number of workers	<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 your FDA certification number here
- **Facility area in square feet:** enter the size of your facility
- **Label count:** enter the number of labels you need allocated, if applicable
- **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.

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.

The screenshot shows a web form titled "Questions" with a table of three questions. The first question asks about previous licensing, the second asks for the HACCP Certified Employee name (filled with "Jack Daniels"), and the third asks about planning to have oysters, clams, mussels, or scallops (with "Yes" selected). A text box below the third question contains "My products include 1, 2, and 3 above." At the bottom right, there are "«Back" and "Next»" buttons, with the "Next»" button circled in yellow.

#	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
2	Who is your HACCP Certified Employee?	Jack Daniels
3	Are you planning to have following products in this establishment: (1) Oysters (2) Clams (3) Mussels (4) Scallops? (Please provide information for all products that apply)	<input checked="" type="radio"/> Yes <input type="radio"/> No

My products include 1, 2, and 3 above.

«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**”.

Requested Credential(s) : SHELLFISH DISTRIBUTION PROGRAM(CATEGORY 2 - MODERATE RISK)

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 *

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 (032-SHELLFISH DISTRIBUTION PROGRAM)	\$1,835.00
HACCP Review (SHELLFISH DISTRIBUTION PROGRAM)	\$635.00
Labels (SHELLFISH DISTRIBUTION PROGRAM)	\$830.00
Total Fee	\$3,300.00

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**

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 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.

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 **Shellfish Distributor** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **175230**. 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

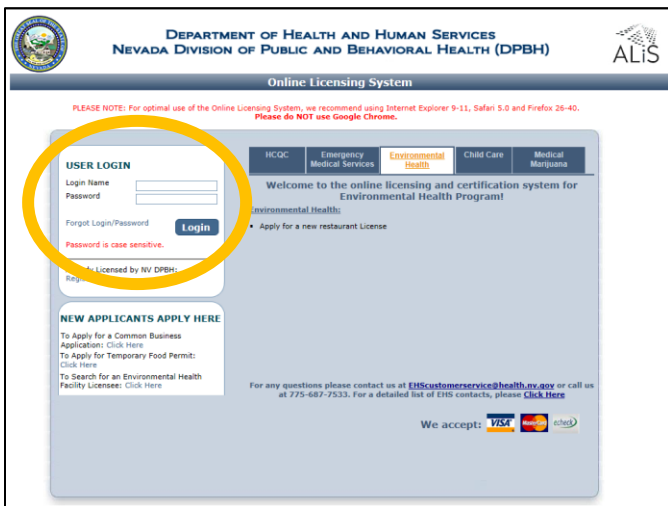
If you have scanned copy of supporting documents, please click on the Documents link to upload.

Item #	Credential Type	Item	View/Attach	Item Status
1	All	Additional supporting documents	Documents (0)	N/A
2	SHELLFISH DISTRIBUTION PROGRAM	Supplemental Application Shellfish Distribution Program Application. Click here for application.	Documents (0)	Pending
3	SHELLFISH DISTRIBUTION PROGRAM	Food Establishment Plan Review Application. Click here for application.	Documents (0)	N/A
4	SHELLFISH DISTRIBUTION PROGRAM	Plan drawn to scale of food establishment	Documents (0)	Pending
5	SHELLFISH DISTRIBUTION PROGRAM	Equipment Specification Sheets	Documents (0)	Pending
6	SHELLFISH DISTRIBUTION PROGRAM	All required forms (SSOP, Cooler logs, Receiving logs etc)	Documents (0)	Pending
7	SHELLFISH DISTRIBUTION PROGRAM	HACCP Plan #1	Documents (0)	Pending
8	SHELLFISH DISTRIBUTION PROGRAM	HACCP Plan #2	Documents (0)	N/A
9	SHELLFISH DISTRIBUTION PROGRAM	HACCP Plan #3	Documents (0)	N/A
10	SHELLFISH DISTRIBUTION PROGRAM	HACCP Plan #4	N/A	N/A
11	SHELLFISH DISTRIBUTION PROGRAM	Sanitation Manager	Documents (0)	Pending
12	SHELLFISH DISTRIBUTION PROGRAM	Standard Operating Procedures	Documents (0)	Pending
13	SHELLFISH DISTRIBUTION PROGRAM	Proof of registration/certification with the Food & Drug Administration.	Documents (0)	Pending

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 website 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
Shellfish Distributor	175230	06/05/2017	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:

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 **Shellfish Distributor** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **175230**. 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	SHELLFISH DISTRIBUTION PROGRAM	Supplemental Application Shellfish Distribution Program Application Click here for application.	Documents (0)	Pending
3	SHELLFISH DISTRIBUTION PROGRAM	Food Establishment Plan Review Application. Click here for application.	Documents (0)	N/A
4	SHELLFISH DISTRIBUTION PROGRAM	Plan drawn to scale of food establishment	Documents (0)	Pending
5	SHELLFISH DISTRIBUTION PROGRAM	Equipment Specification Sheets	Documents (0)	Pending
6	SHELLFISH DISTRIBUTION PROGRAM	All required forms (SSOP, Cooler logs, Receiving logs etc)	Documents (0)	Pending
7	SHELLFISH DISTRIBUTION PROGRAM	HACCP Plan #1	Documents (0)	Pending
8	SHELLFISH DISTRIBUTION PROGRAM	HACCP Plan #2	Documents (0)	N/A
9	SHELLFISH DISTRIBUTION PROGRAM	HACCP Plan #3	Documents (0)	N/A
10	SHELLFISH DISTRIBUTION PROGRAM	HACCP Plan #4	N/A	N/A
11	SHELLFISH DISTRIBUTION PROGRAM	Sanitation Manager	Documents (0)	Pending
12	SHELLFISH DISTRIBUTION PROGRAM	Standard Operating Procedures	Documents (0)	Pending
13	SHELLFISH DISTRIBUTION PROGRAM	Proof of registration/certification with the Food & Drug Administration.	Documents (0)	Pending