

ALiS

Centralized Licensing, Inspections and Complaints System (CLICS) Invasive Body Decoration Establishments - Consumer Log On Instructions

The Invasive Body Decoration application is used for Body Art establishments, such as tattoo or piercing shops and cosmetic makeup artists. Only the shop itself is permitted – at this time the State of Nevada does not license individual artists. Please use this document to assist you in completing your online application. Additional support and system requirements can be found at <http://dpbh.nv.gov/Reg/CLICS/CLICS - Home/>. For questions specific to your application, please contact your local field office.

The application system is designed to handle a wide variety of application types, and there are some unique instructions specific to the IBD permit application. Please pay attention to the notes in this document.

EHS may take up to a **30 days** to process a completed application, depending on the workload of the office. Please submit your application as early as possible.

Step 1: Initial Registration

To begin the application process, go to <https://nvdpbh.aithent.com/login.aspx> and then click on the Environmental Health tab – it will turn white. Select the blue “Click Here” after “Apply for a Common Business Application”:



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, Firefox 26-40 and Google Chrome 59 and above.

USER LOGIN

Login Name
Password

Forgot Login/Password [Login](#)

Password is case sensitive.

If you are already an existing licensee and have not registered please [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** Emergency Medical Services

**ENVIRONMENTAL HEALTH SECTION
ONLINE PERMITS AND RENEWALS SYSTEM**

State of Nevada Division of Public and Behavioral Health EHS issues permits **ONLY** in these counties: CHURCHILL, ELKO, ESMERALDA, EUREKA, HUMBOLT, LANDER, LINCOLN, LYON, MINERAL, NYE, PERSHING, STOREY, WHITE PINE COUNTIES AND INSTITUTIONS OF HIGHER LEARNING IN WASHOE COUNTY.

IF YOU ARE APPLYING FOR A PERMIT IN CARSON CITY, DOUGLAS COUNTY, WASHOE COUNTY OR CLARK COUNTY, PLEASE CALL THE MAIN OFFICE AT 775-687-7533 BEFORE APPLYING.

ANNUAL PERMITS

RETURN USERS: Type in your user name, password and then click on the [LOGIN](#) box.

LICENSED FACILITIES: Please log in the first time with your one time use “WEB ID” under “Already Licensed by NV DPBH: Register Here”

NEW USERS: Select “COMMON BUSINESS LICENSE APPLICATION” 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 (FEE) (775-687-7533)
- Institutions
 - County Jails
 - State Health Centers

New: 01/10/2018

This will bring you to the Initial User Registration Page:

Initial User Registration -Environmental Health Section

Fields marked with asterisk (*) are required.

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](#) .This always begins with NV followed by 11 numbers.

Facility Name (DBA Name) * NV Business ID

Mailing Address

Country *
Address * Apt/Unit/etc.
City * State/Province * County *
Zip * Primary Phone # - Ext * Alternate Phone # - Ext.
Fax Primary-E-mail * Alternate E-mail

Online Account Information

Login Name *
Password * Password is case sensitive and must be at least 8 characters long including: 1 upper case letter, 1 lower case letter, 1 number, and 1 special character.
Re-type Password *

Reset

Register

Back

You will need to fill out the following **Complete all fields with a red star (*)**.

- **Facility Name (DBA):** this is the name of your shop or studio. If you are separate business or contractor working inside a larger establishment (e.g., a permanent makeup artist working within a larger salon or spa), put your business name.
- **NV Business ID:** if you have a state business ID from the Secretary of State, enter it here. It would be "NV" followed by 11 numbers. If you do not have or do not know your state business license number, please contact your local business licensing authority or the Secretary of State's office for instructions on obtaining a business license. This is separate from your health permit.
- **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. It is recommended to use a general name that multiple people at your business can easily access if needed.
 - o Password: must conform to the text in red, for example "Nevada2018!" 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.

Step 2: Application Types

Select “Invasive Body Decoration” in the second column at the top of the page, then the check box on the left of the lower part of the page. Next, check each of the types of services you will be offering at your shop. When you are finished click the **Next** button.

Preliminary Step

Fields marked with asterisk (*) are required.

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
- Invasive Body Decoration
- Drug/Cosmetic manufacturer
- Camping and Recreational Vehicle Park
- Institutions
- Sewage Programs

Credential

INVASIVE BODY DECORATION

Endorsement

- EXTREME BODY MODIFICATION - LIST RESTRICTIONS
- PERMANENT MAKEUP
- PIERCING
- TATTOO

Reset

Next

Step 3: Entity Information

This screen collects information specific to your business.

- **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 primary contact person is whoever you want EHS to be able to contact about permits, inspections, complaints, or emergencies. The role may be owner, manager, etc.
- **Hours of Operation**
 - o 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.
 - o **Fixed time: opens three new fields for Hour, Minute, AM/PM – YOU MUST COMPLETE ALL 3 FIELDS.**

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

New: 01/10/2018

Invasive Body Decoration

Fields marked with asterisk (*) are required.

Requested Credential(s) : **INVASIVE BODY DECORATION(PIERCING, TATTOO)**

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) *	Nevada Blue Tattoo & B	NV Business ID	
Registered Name with Secretary of State (Legal/Business Name)	Nevada Blue Tattoo LLC	Ownership Type *	LLC
Primary Contact First Name *	Abigail	Primary Contact Middle Name	S
Primary Contact Last Name *	Adams	Primary Contact Role *	Owner
Primary Contact Email *	EHScustomerservice@h	Primary Contact Phone *	775-687-7533

Hours Of Operations - INVASIVE BODY DECORATION *

Day	Work Hours	From	To
Sunday	Open at Set Time	11 00 AM	5 00 PM
Monday	Closed		
Tuesday	Open at Set Time	10 00 AM	7 00 PM
Wednesday	Open at Set Time	10 00 AM	7 00 PM
Thursday	Open at Set Time	10 00 AM	7 00 PM
Friday	Open at Set Time	10 00 AM	9 00 PM
Saturday	Open at Set Time	10 00 AM	9 00 PM

Reset

<< Back

Next >>

Step 4: Address Information

Most of the information in the Mailing Address section will be auto-filled from the initial registration screen. Please verify that this information is complete and is the address you want mail sent to.

The Physical Address is also required for inspections – please enter the actual shop location here. Note you will **not** be able to update the Physical Address fields once you've submitted the application. Contact EHS if you notice any errors later.

The Billing Address is used to send renewal information and any invoices, and may be different from the other address fields.

Complete all 3 sections. If any addresses are the same, use the Copy From feature to avoid typing repeatedly.

Invasive Body Decoration

Fields marked with asterisk (*) are required.

Requested Credential(s) : **INVASIVE BODY DECORATION(PIERCING, TATTOO)**

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.	STE 103
Address *	1020 Ruby Vista Dr.	County *	ELKO [v]
City *	Elko	State/Province *	NEVADA [v]
Zip *	89801	Primary Phone # - Ext *	775-687-7533
Fax		Alternate Phone # - Ext.	
	Primary-E-mail *	EHScustomerservice@h	Alternate E-mail

Physical Address of Facility Copy From [v]

Country	UNITED STATES [v]	Apt/Unit/etc.	STE 103
Contact Person	Abigail Adams	County *	ELKO [v]
Address *	1020 Ruby Vista Dr.	State/Province	NEVADA [v]
City	Elko	Primary Phone # - Ext	775-687-7533
Zip	89801	Alternate Phone # - Ext.	
Fax		Primary-E-mail	EHScustomerservice@h
		Alternate E-mail	

Billing Address Copy From [v]

Country	UNITED STATES [v]	Apt/Unit/etc.	STE 103
Contact Person	Abigail Adams	County	ELKO [v]
Address	1020 Ruby Vista Dr.	State/Province	NEVADA [v]
City	Elko	Primary Phone # - Ext	775-687-7533
Zip	89801	Alternate Phone # - Ext.	
Fax		Primary-E-mail	EHScustomerservice@h
		Alternate E-mail	

<< Back Next >>

Reset

When you are done, click the **Next** button.

Step 5: Ownership Details

Select the **Add** button to add a new owner. You will not be able to submit your application until you have entered at least one owner.

<< Back Next >>

Ownership Information Add

You must add atleast one owner.Please click ADD link to add an owner.

Name	Role	% age Share	Address	Primary Email	Primary Phone	Documents
NEVADA BLUE TATTOO LLC,	Owner	100.00	1020 RUBY VISTA DR ELKO, NV 89801	EHSCUSTOMERSERVICE@HEALTH.NV.GOV	775-687-7533	Documents (0)

Corporation & LLC Information Add

Please click 'Add' to add a new row.

<< Back Next >>

Reset

A popup will appear to enter details.

Fields marked with asterisk (*) are required.

Ownership Detail

Ownership Detail

Last Name/ Business Name *	<input type="text" value="Nevada Blue Tattoo LLC"/>	First Name	<input type="text"/>
DOB	<input type="text"/>	SSN	<input type="text"/>
% age Share	<input type="text" value="100.00"/>	Is Current	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments	<input type="text"/>		
Check all roles that are applicable			
Role *	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Director
	<input type="checkbox"/> Other		

Mailing Address

Country *	<input type="text" value="UNITED STATES"/>	Apt/Unit/etc.	<input type="text" value="STE 103"/>
Address *	<input type="text" value="1020 Ruby Vista Dr"/>	County *	<input type="text" value="ELKO"/>
City *	<input type="text" value="Elko"/>	State/Province *	<input type="text" value="NEVADA"/>
Zip *	<input type="text" value="89801"/>	Primary Phone # - Ext *	<input type="text" value="775-687-7533"/>
Fax	<input type="text"/>	Alternate Phone # - Ext.	<input type="text"/>
	Primary-E-mail *	<input type="text" value="EHSCustomerservice@x"/>	
	Alternate E-mail	<input type="text"/>	

It has many fields you may complete, but only the ones with a red star are required.

- **First and Last Name:** enter the full first and last name of the owner **or** the legal business name if not structured with individual owners
- **% 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.

Step 6: Additional Information

This screen is shared across all 19 programs that the Environmental Health Section administers. **Please only complete the fields circled in yellow and review this screen carefully.** Additional information or errors on this screen will lead to errors in how your permit fees are assessed.

Invasive Body Decoration

Fields marked with asterisk (*) are required.

Requested Credential(s) : **INVASIVE BODY DECORATION(PIERCING, TATTOO)**

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

<< Back Next >>

Additional Information - INVASIVE BODY DECORATION

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

Establishment Name *	<input type="text" value="Nevada Blue Tattoo & Body Art"/>	FDA Certification #	<input type="text"/>
Responsible Entity Name *	<input type="text" value="Abigail S. Adams"/>	Established 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 >>**

**** 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 your permit. This should be the same as the name on the shop door.
- **Responsible Person:** This should be the person-in-charge or owner of the establishment who will be present during an inspection.
- **County:** Select the County where the business is located. Do not select "All" for this permit type.
- **Plan Review option:** contact your local EHS office to verify if your establishment requires a plan review. As a rule of thumb:
 - o **Establishments in full operation on or before February 28, 2018:** no plan review required for initial license. Plan review will be required if facility is remodeled later.
 - o **Establishments beginning operation on or after March 1, 2018:**
 - **No plan review** if a change of ownership on a permitted shop and no changes are made
 - **Remodel Plan Review** if the shop was already permitted and you are remodeling
 - **Full Plan Review** if the location has never been permitted as an IBD shop with EHS

When you are finished entering all the information, click the **Next** button.

Step 7: Questions

This page displays a list of questions that must be answered regarding your facility. A hidden box may pop up requesting more information depending on how some questions are answered. Completely answer all questions with a response box.

Several questions reference documents that you will submit – this will be done after the initial half of the application is submitted and fees are paid. You will find further instructions later in this document.

#	Question	Response
1	Answer all questions. If no questions are listed, please click "Next".	
2	Describe how your shop will handle items which must be sterilized before use. Be prepared to attach spec sheets and procedures for any autoclave(s) at the end of the application process.	<input type="text"/>
3	Describe how your shop will handle used sharps and medical waste. Ensure the sharps container and waste collection areas are clearly marked on your plans.	<input type="text"/>
4	Do you have a client release form that gathers all the information required in Sec. 45 & 46 of the Uncodified Invasive Body Decoration regulations? You will attach a copy of this form at the end of the application process.	<input type="radio"/> Yes <input type="radio"/> No
5	Do you have written aftercare instructions for each procedure your shop will perform? You will attach these instructions at the end of the application process.	<input type="radio"/> Yes <input type="radio"/> No
6	Do you have a written infection control plan? You will attach this plan at the end of the application process.	<input type="radio"/> Yes <input type="radio"/> No
7	Will your establishment perform any of the following types of procedures? If you answer "Yes" to any of the following questions, please describe briefly what you will be doing.	
8	Piercing of the earlobes only with a pre-sterilized stud-and-clasp piercing system?	<input type="radio"/> Yes <input type="radio"/> No
9	Any other form of body piercing, including piercing of the ear other than the earlobe, or piercing of the earlobe by any means other than a pre-sterilized stud-and-clasp system?	<input type="radio"/> Yes <input type="radio"/> No
10	Permanent makeup, microblading, or another form of cosmetic tattooing?	<input type="radio"/> Yes <input type="radio"/> No
11	Any other form of tattooing?	<input type="radio"/> Yes <input type="radio"/> No
12	Any forms of extreme body modification, such as scleral tattooing, scarring, branding, skin peeling, subdermal or transdermal implants, dermal punching, suspension piercing, or other procedure referenced in Sec. 33(2) of the Uncodified Invasive Body Decoration Regulations?	<input type="radio"/> Yes <input type="radio"/> No
14	List any other shop procedures, SOPs, policies or rules affecting client or staff health and safety that you will be attaching at the end of the application process.	<input type="text"/>

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

Step 8: Attestation and Electronic Signature

Read the legal statements and agree by checking the boxes on the left. Enter your full name (this is your digital signature) and the current date. When you are done, select “**Submit Application**”.

Invasive Body Decoration

Fields marked with asterisk (*) are required.

Requested Credential(s) : **INVASIVE BODY DECORATION(PIERCING, TATTOO)**

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 entitly for which this licensure application is made.

Name *

Date * 📅

<< BackSubmit Application

Step 9: Fees

“Fee Details” explains what fees are being charged for this credential type. If the charges are correct, select **Pay Now** to continue. If the charges are incorrect, review your application and make the appropriate changes. Contact your EHS field office if you do not understand any charges before you pay.

You will be redirected to the secure payment gateway. Select your payment method:

How would you like to pay?

Card

PAY BY

eCheck

PAY WITH

Fill out the form (which depends on the selected payment method) and submit when completed.

Note on electronic checks from business accounts: you may need to provide your bank with the **COID # 8860003406** or the payment could be rejected by the bank. This should not be a problem if paying from a personal account.

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

Step 10: Checklist – Applications and Documentation

After the payment has been processed, you will see the following checklist. You must add each requested document before your application can be processed. Note your transaction number in bold. Your receipt will have been emailed, but you may also view or print it from this page. You may also save a copy of the application summary for your records.

Some checklist items may be optional depending on your situation. 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).

Most linked documents can be found on the Invasive Body Decoration → Forms page of the EHS website at [http://dpbh.nv.gov/Reg/Invasive_Body_Decoration_\(Tattoo\)/Invasive_Body_Decoration/](http://dpbh.nv.gov/Reg/Invasive_Body_Decoration_(Tattoo)/Invasive_Body_Decoration/).

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 **Invasive Body Decoration** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **188027**. If we need any additional information; we will contact you.

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	INVASIVE BODY DECORATION	Plan drawn to scale	Documents (0)	Pending
2	INVASIVE BODY DECORATION	Plan review application	N/A	Pending
3	INVASIVE BODY DECORATION	Proof of Bloodborne Pathogen Training	Documents (0)	Pending
4	INVASIVE BODY DECORATION	Standard Operating Procedures	Documents (0)	Pending
5	INVASIVE BODY DECORATION	Client Release Form	Documents (0)	Pending
6	INVASIVE BODY DECORATION	Aftercare instructions	Documents (0)	Pending
7	INVASIVE BODY DECORATION	Equipment specification sheets (i.e. Manufacture Specification Sheets)	Documents (0)	Pending
8	INVASIVE BODY DECORATION	Supporting Documentation	Documents (0)	Pending



When all required items are uploaded and/or reviewed, your application will be processed. For applications which require a plan review, please allow your field office up to 30 days from the time all your documentation has been submitted to complete the plan review.

Appendix: Returning to complete an application:

To return to your account to complete an application or manage your licenses, go to <https://nvdpbh.athent.com/login.aspx> 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, Firefox 26-40 and Google Chrome 59 and above.

USER LOGIN

Login Name

Password

Forgot Login/Password [Login](#)

Password is case sensitive.

If you are already an existing licensee and have not registered please [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	Emergency Medical Services
------	------------	-----------------------------	----------------------------

ENVIRONMENTAL HEALTH SECTION ONLINE PERMITS AND RENEWALS SYSTEM

State of Nevada Division of Public and Behavioral Health EHS issues permits ONLY in these counties: CHURCHILL, ELKO, ESMERALDA, EUREKA, HUMBOLT, LANDER, LINCOLN, LYON, MINERAL, NYE, PERSHING, STOREY, WHITE PINE COUNTIES AND INSTITUTIONS OF HIGHER LEARNING IN WASHOE COUNTY.

IF YOU ARE APPLYING FOR A PERMIT IN CARSON CITY, DOUGLAS COUNTY, WASHOE COUNTY OR CLARK COUNTY, PLEASE CALL THE MAIN OFFICE AT 775-687-7533 BEFORE APPLYING.

ANNUAL PERMITS

RETURN USERS: Type in your user name, password and then click on the LOGIN box.

LICENSED FACILITIES: Please log in the first time with your one time use "WEB ID" under "Already Licensed by NV DPBH: Register Here"

NEW USERS: Select "COMMON BUSINESS LICENSE APPLICATION" 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 (NRS 446.870)
- Cottage Food Registration
- Farm to Fork Registration
- Shellfish Distributor
- Institutions
 - County Jails
 - State Honor Camps
 - Public, Private and Charter Schools (NOT CHILDCARE)
- Sewage Programs

You will see a menu on the left side:

Contact Information
Name: NEVADA BLUE TATTOO & BODY ART
1020 RUBY VISTA DR.
STE 103
ELKO NV 89801
Phone #: 775-687-7533
Email: EHSCUSTOMERSERVICE@HEALTH.NV.GOV

WHAT DO YOU WANT TO DO?

- View Pending Online Application(s)
- Renew
- Apply for New License
- Print Receipt
- Statement of Deficiency/OOC
- Pay Invoice(s)
- Remodel
- Change Contact Information
- View Credential(s)
- Change Password

Select what action you would like to take now that you're logged in. With most IBD program permits you will likely use:

- **View Pending Online Application:** to continue the application
- **Renew:** to renew an existing annual permit
- **Print Receipt:** to review receipts
- **Statement of Deficiency/OOC:** to provide proof of correction for major violations observed during an inspection
- **Pay Invoice(s):** to pay invoices EHS has assessed, other than renewals
- **Change Password:** to change your password

Contact your local field office for instructions before selecting the other options.

To complete pending applications, select "View Pending Online Application(s)". You will see a list of applications for review. To continue an application you started **but have not submitted or paid for**, select "Continue Application". To add documents to an incomplete checklist, select "View Details":

Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Cottage Food Registration	451	10/02/2015	Review by State	Application Summary	View Details	Withdraw
Food Establishment	449	10/01/2015	Review by State	Application Summary	View Details	Withdraw

Follow the instructions elsewhere in this document to complete your application.

For instructions on how to complete a renewal application or pay an invoice, see the applicable guidance documents on <http://dpbh.nv.gov/Reg/CLICS/dta/FAQ/CLICS-FAQs/>.