



Franklin County Public Health
280 East Broad Street
Columbus, Ohio 43215-4562
(614) 525-3160
www.myfcph.org

ePay Instructions Environmental Health

Effective February 1, 2017, you will be able to renew your license online. This service is only applicable to those facilities renewing a license. If you need to purchase a new license, or are a new owner, please contact your designated inspector or call our office at 614-525-3160.

Please use the following steps to submit your payment for your renewal license:

1. Go to www.myfcph.org/epay to find directions and additional information
2. Select the following link that will direct you to the Ohio Department of Health's payment portal:
https://healthspace.com/Clients/Ohio/Online_Applications_OH_State_Live.nsf/Search.xsp (Payment Portal)

The website page should directly open to the Payment Portion of the Portal. However, if it does not, please select "Payment"

Ohio Department of Health

Home **Payment**

Plan Review Application, License Renewals and Contact Information Login

To make a payment, enter your assigned Owner ID and the Amount owed by any one of your facilities.

Owner ID Amount Search

Note: If you are purchasing a license for the first time for a facility you will not be able to make an online payment. Please contact the local health district or Ohio Department of Health as appropriate to assist with processing your license application.
If you have more than one owner ID you will need to search by each owner ID to renew and pay for your licenses. Your owner ID can be found on your renewal letter. If your renewal letter does not contain an owner ID the licensor does not accept web payments.
If you are already registered with this system, please log in to update your contact information.
In your cart you may pay for all facilities, multiple facilities or an individual facility; however, you must pay all fees for each facility.
When you are ready to submit your payment, click the "Pay" button to complete the payment process.

CART

Ohio Department of Health

John R. Kasich, Governor | Richard Hodges, Director | [Bookmark](#) | [Privacy Statement](#) | [Contact](#)

3. On the payment page, you will need to enter your **Owner ID** into the designated box. Your ID can be found on your application directly below the total amount due (<OwnerID>). The owner ID will contain a mixture of numbers and letters. Example: GGUT-123ABC. Enter this ID and proceed to step 4.

Ohio Department of Health

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Ohio Department of Health

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4. In the "Fee Box", please put the total amount that is due and then click on "Search". The total amount due can be found on the cover letter or on your application. (**Total Due: \$<Amount>**).
Example: Total Due \$482.50

Department of Health

Home **Payment**

Plan Review Application, License Renewals and Contact Information Login

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Owner ID: Amount:

CART

OHIO Department of Health

Home **Payment**

Plan Review Application, License Renewals and Contact Information Login

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Owner ID: Amount:

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Fee Options

Automatically apply facility fees (required)
 Automatically apply licensee fees

<input type="checkbox"/>	Balance	Facility ID	Name	Fee ID	Type	Expiry Date
<input type="checkbox"/>	\$80.50			DOGD-A9JAU3	Late Fee (-31 d), Permit GGUT-A53P6S	01-May-2016
<input type="checkbox"/>	\$80.00			GGUT-A53P6T	Annual Permit-STATE FEE	31-May-2017
<input type="checkbox"/>	\$322.00			GGUT-A53P6S	Annual Permit-LOCAL FEE	31-May-2017

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- Once the fees are located, you will need to click on the box directly to the left of the word "Balance". This will check all applicable fees, once the fees are checked, then click on the "Add" button. This will add all applicable fees to your cart.

To make a payment, enter your assigned Owner ID and the Amount owed by any one of your facilities.

Owner ID: Amount:

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\$80.00			GGUT-A53P6T	Annual Permit-STATE FEE	31-May-2017
\$322.00			GGUT-A53P6S	Annual Permit-LOCAL FEE	31-May-2017

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You must pay both the state and local fees at the same time. Partial payments will not be permitted by the system. In addition, all outstanding fees (if applicable), will be required to be paid in full.

- Once the fees have been added to your cart, click on "Pay".

To make a payment, enter your assigned Owner ID and the Amount owed by any one of your facilities.

Owner ID: Amount:

Note: If you are purchasing a license for the first time for a facility you will not be able to make an online payment. Please contact the local health district or Ohio Department of Health as appropriate to assist with processing your license application. If you have more than one owner ID you will need to search by each owner ID to renew and pay for your licenses. Your owner ID can be found on your renewal letter. If your renewal letter does not contain an owner ID the licensor does not accept web payments. If you are already registered with this system, please log in to update your contact information. In your cart you may pay for all facilities, multiple facilities or an individual facility; however, you must pay all fees for each facility. When you are ready to submit your payment, click the "Pay" button to complete the payment process.

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<input checked="" type="checkbox"/> \$322.00			GGUT-A53P6S	Annual Permit-LOCAL FEE	31-May-2017

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\$482.50

Total: \$482.50

- After you select "Pay", you will be directed to a payment screen where your credit card information and billing information can be entered. All fields labeled with a * are required. If you would like a receipt, please check the box next to "Email Receipt".

THE CBOSS CENTRAL PAYMENT PORTAL™

Central Payment Portal

Enter Payment Information
 Please enter your credit card payment and billing information below. All of the fields marked with an asterisk are required.
 The following link provides information regarding the [card security code](#)

ODH State Payment Summary
 Total: \$28.00

Franklin County Public Health Payment Summary
 Total: \$198.00

Payment Information

* Credit Card Number: * Credit Card Type:

* Expiration Month: * Expiration Year:

* Card Security Code:

Billing Information

First Name: Middle Name:

* Last Business Name: * Phone:

* Address Line 1: Address Line 2:

* City: * State Province Region:

* Zip Postal Code: Country:

Email: Email Receipt

Continue

Technical Support
 If you need technical support for this online payment processing application, please send an email to cpport@cboss.com

- After all information is entered, click on "Continue". You will be able to verify your information prior to the final submission.