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

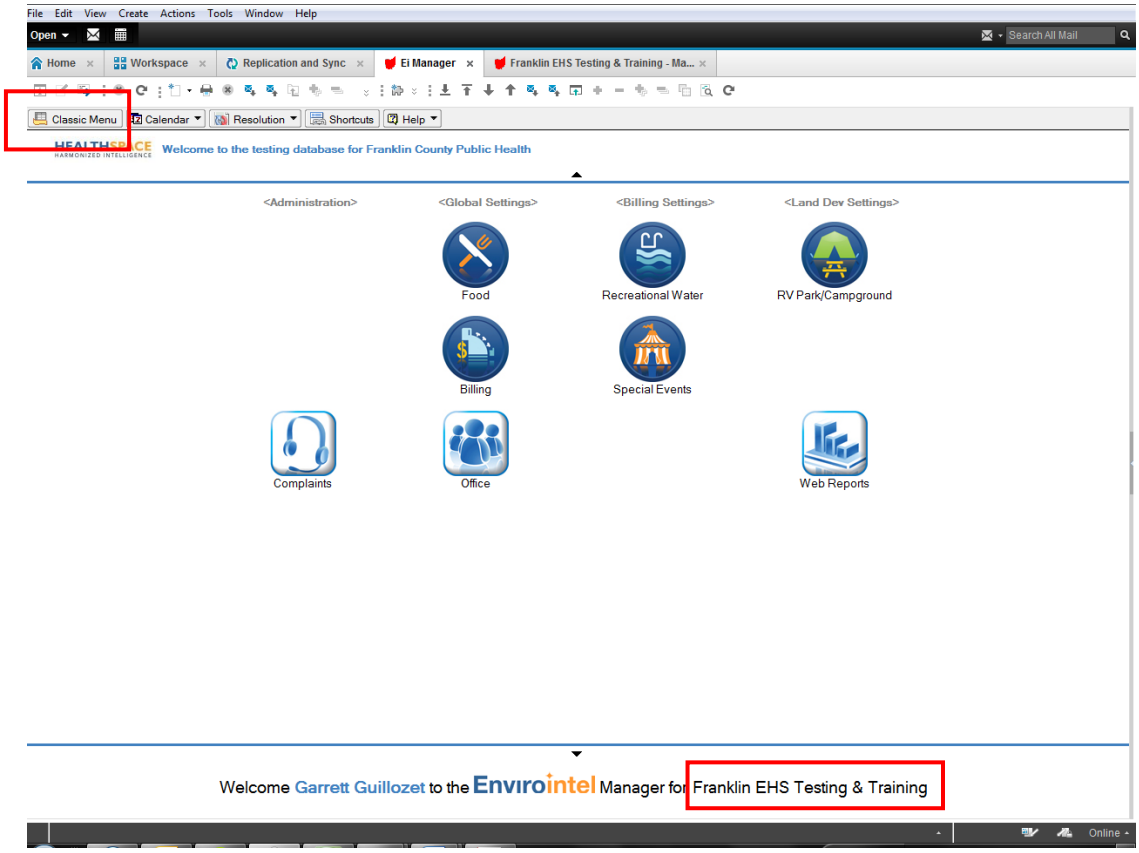
HealthSpace Training Document

Licensing and Billing

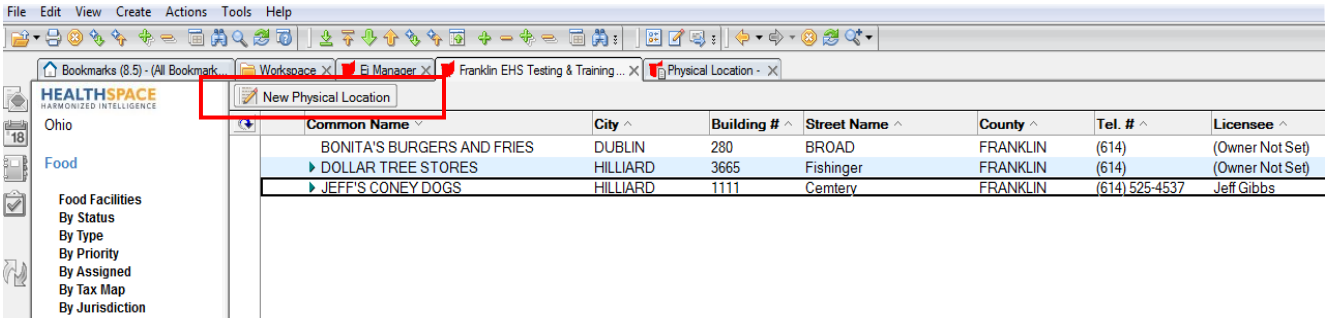
How to Create a New Facility:

1.) Log into the system and select the proper database (**Franklin EHS Live or Franklin EHS Testing**) (Make sure that you have recently replicated your data base. We always want to be working on the database or in a recent local copy.)

2.) Once logged in, you will need to select which area of the program (**Food, Recreational Water, Campgrounds, etc.**) you want to create the facility in. You may select any of the modules, or you can select **Classic Menu**. Selecting the Classic Menu will take you to a view that shows ALL physical locations within Healthspace. A physical location/facility can be created from any of the aforementioned options.



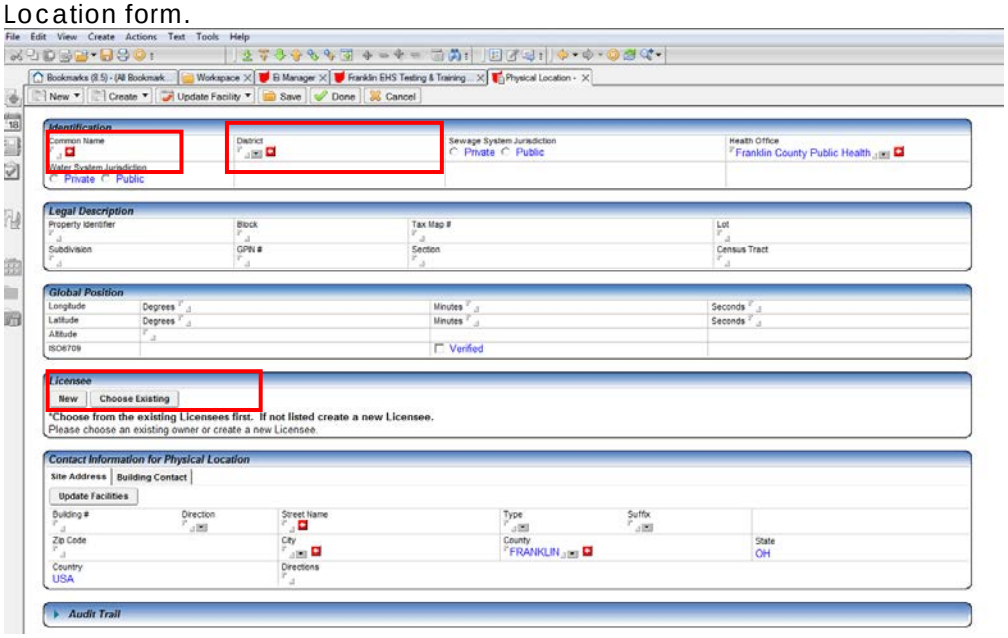
3.) When you have selected the desired module or Classic Menu view, you will see a listing of physical locations/facilities. At the top left of the list, there will be a **New Physical Location** button. Select this button to start the process of creating a new facility.



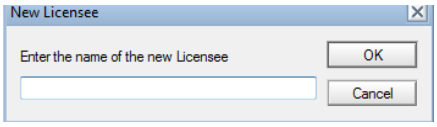
4.) Once selected, a new tab will open. This is where the information for the **Physical Location** will be created. Remember, all facilities must belong to a **Physical Location**. Once this has been created, then we can create the actual facility that we will issue a license. All items with a **Red Arrow box** are required.

a. The **Common Name** should be the name of the facility in all CAPS. The **District** list is populated with the political subdivisions.

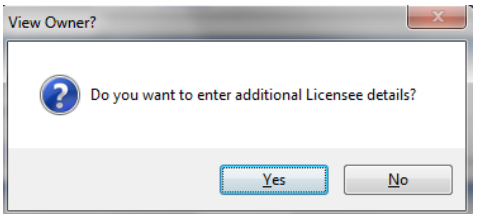
b. The **Licensee** section should be filled out. If the facility is owned by an existing Licensee, you can select **Choose Existing.** This will populate the existing owner's information onto the new Physical Location form.



c. If the licensee does not exist in the system, then select **New.** A new box will pop up and ask you to enter the name of the Licensee. Enter the name of the new owner in CAPS. Then select **OK.**



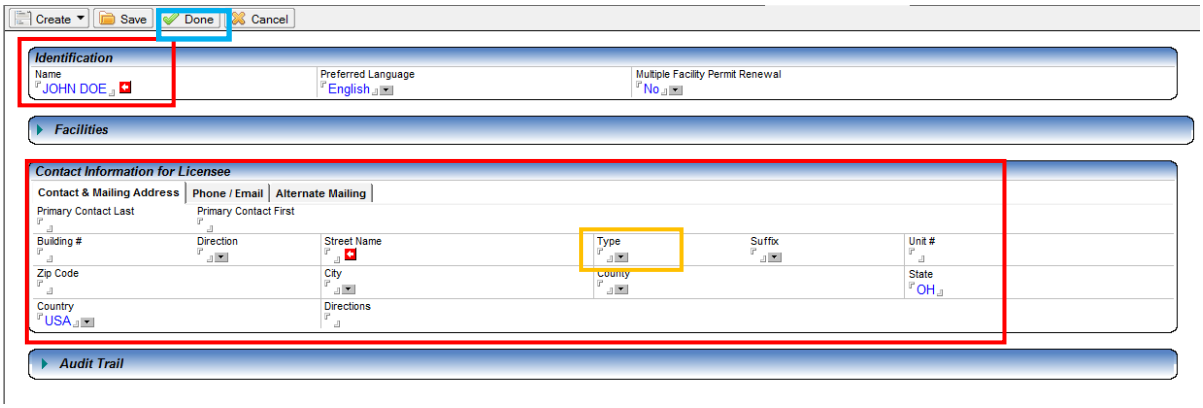
d. When you select **OK**, a new box will appear and will ask if you want to enter additional licensee details. Select **YES**.



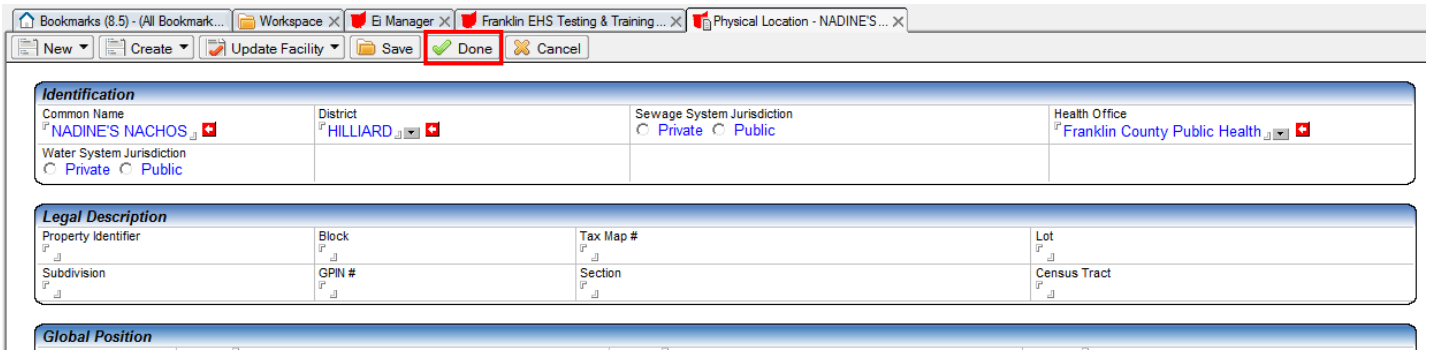
e. Enter in as much information as possible. Please enter all information in CAPS. The zip code rule applies here as well. You must have a valid zip code in order to select a city.

NOTE: If the address is a Po Box, this is found in the **Type Field** (orange box below). Select Po Box in the **Type** field, and then you will be able to enter the box number in the street name box.

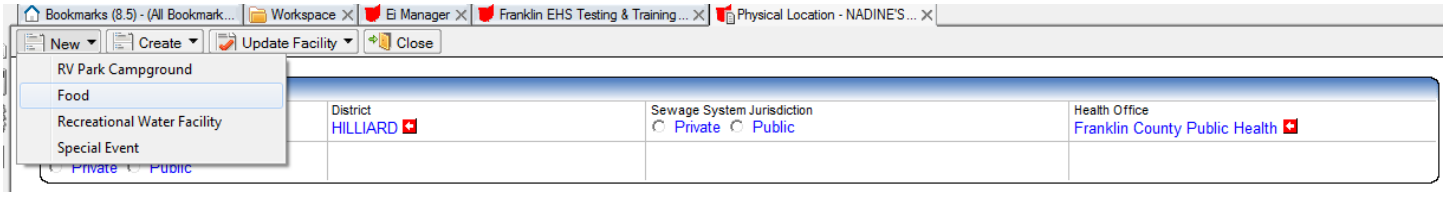
Once all information is entered for the owner, slected **Done.**



5.) Once the Licensee information is entered, you can finished entering the information for the Physical Location. The same address rules apply to this information. After all of the information is entered, select **Done**.



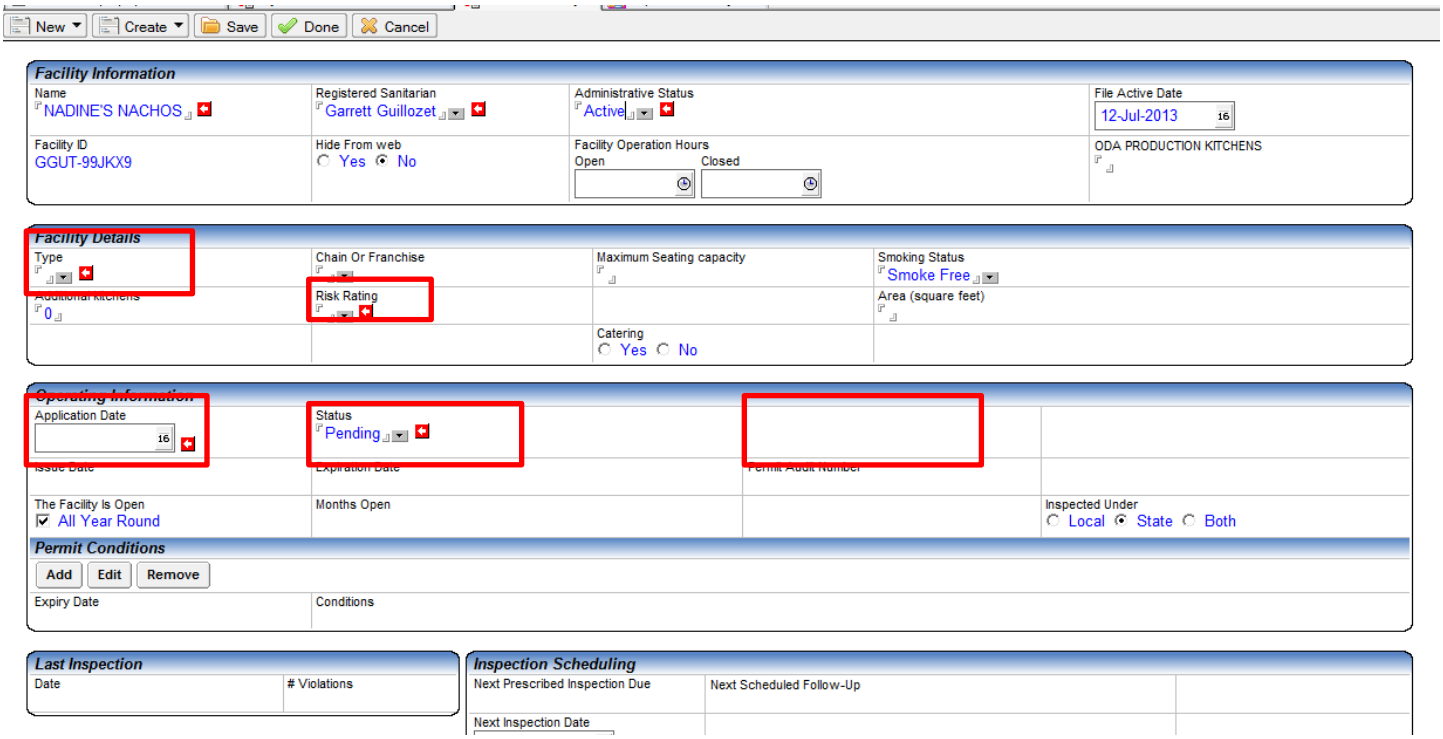
6.) You will be directed back to the main view and the **Physical Location** that was just created will be selected. Double click on the Physical Location. Select **New**, and then select what type of **Facility** want to create.



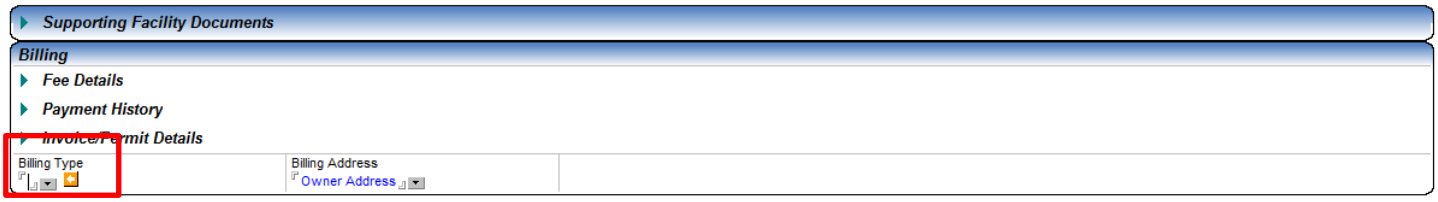
7.) When you select the type of facility (for this example, we'll be creating a food facility), some of the information from the **Physical Location** will carry over. This will be the **Address**, and the **Licensee** information. All red arrow boxes are required. Once they have been filled out, we can select the necessary billing information.

a.) The **Facility Type,** and **Risk Rating** are required because that is how the system tracks the necessary fees. Once selected, we will be able to apply and pay the necessary fees.

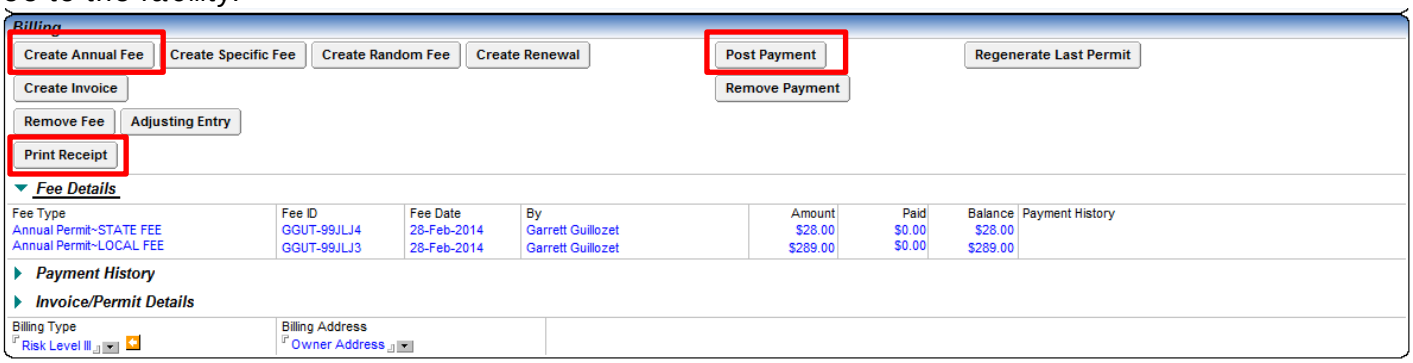
b.) The **Application Date** is the day that the application was received. The status will need to be to **Permitted**. Once it is changed to permitted, a new data entry box will appear, it will be **Date Permitted**. Select the date the license is good from.



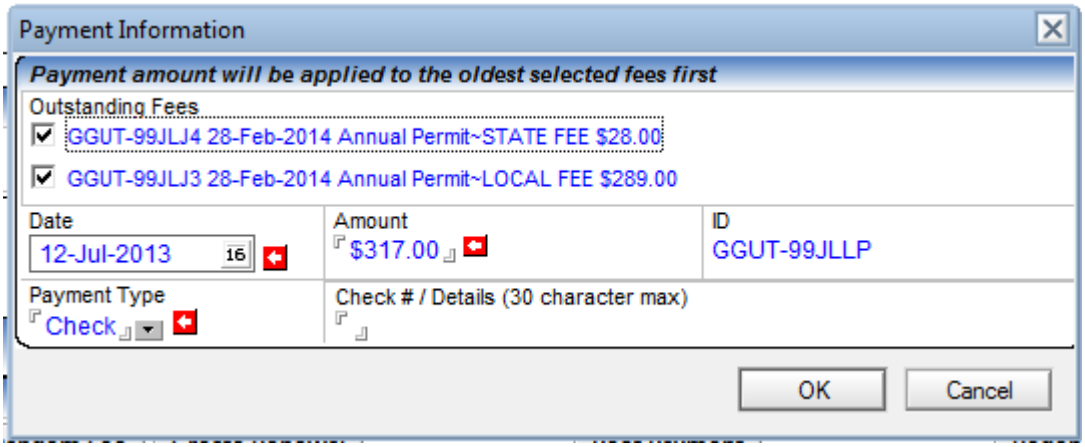
c.) To apply charges, a **Billing Type** must be selected. This is will produce a box that will allow you to select the risk classification of the Food Facility. Once selected, more options will appears in the Fee Details area.



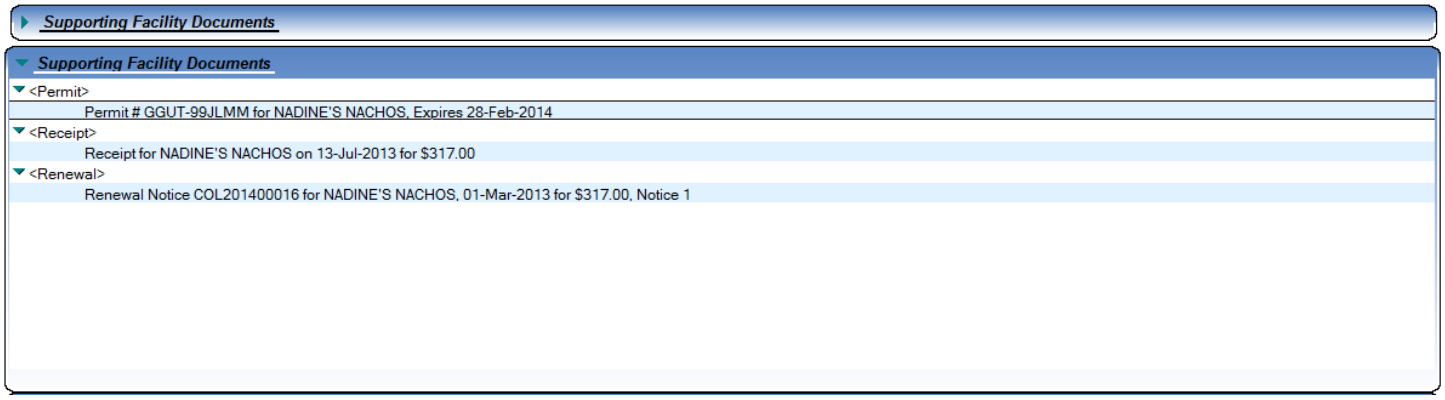
d.) If the facility is being created for the first time, you can select **Create Annual Fee**. A box may appear and ask you to enter the initial date. This will apply both the State and Local fee to the facility.



e.) After creating the initial fees, you can post payments by selecting **Post Payment.** Be sure to select both the State and Local boxes. This will ensure that all charges are paid. Once all required information is entered, select **OK.** As soon as the outstanding charges are paid, the License will be generated.



f.) To see the license (permit), you will need to select the small arrow on the **Supporting Facility Documents** section. This will expand the section to allow you to see any invoices, licenses, receipts, etc., that have been generated against this facility. Double click on the **License.**



g.) Once you have opened the license, you will be able to print the copy. You will also be able to see how many times and when the license has been printed. If you ever need a duplicate license, this is where you will come to print it. Select **Print** from the top left of the view page. Select **Close** once the License has printed.

Print | Close | Parent Document | Create PDF email

Audit Number: 13, Printed: 12-Jul-2013 11:55 by Garrett Guillozet

Ohio Department of Health

Food Service Operation License

Audit Number:	License No.
GGUT-99JLMM	GGUT-99JKX9

Licensor	Franklin County Public Health, 280 E BROAD STREET, COLUMBUS, OH, 43215
Name of Facility/License Holder	NADINE'S NACHOS, JOHN DOE
Address/City/State/Zip	1112 CEMTERY ROAD, HILLIARD, OH, 43026
Category / Descriptive	Commercial FSO < 25000 sq. ft. - Risk Level III

This license has been issued in accordance with the requirements of Chapter 3717 of the Ohio Revised Code and is subject to revocation or suspension for cause and is not transferable without consent of the licensor.

This license shall expire on March 1, 2014

If this is a mobile food service operation, the license is not valid unless pertinent information appears on the reverse side.

13-Jul-2013	Susan Tilgner, MS, RS, RD, LD
Date	Health Commissioner

HEA 5305 (Rev. 04/13) This license must be displayed in a conspicuous place at the location Ohio Department of Health

h.) After you select close, you will be directed back to the **Facility** data form. If there are no other changes, and all items have been paid, you can select **Done.** This will close and save the form. You will be taken back to the main view.