



Accela Citizen Access Portal – License Renewal

Step 1: Obtain your Record Number and PIN

Your PIN letter was sent to the email address we have on file. If you do not have your PIN letter you can find it on our website. Click [here](#) to view your PIN Letter. You can search the PDF using the Ctrl + F function, and search by Facility Record Number, your name, or the mailing address of the facility. In the image below you will see the PIN and the Facility Record Number.

February 3, 2026

BEN GINTER
416 SOUTH EAST STREET
LEBANON OH 45036

The Ohio Department of Health (ODH) retired the HealthSpace Solution and implemented the newly developed ODH Accela Solution. This new solution supports the Agricultural Labor Camps, Body Art, Campgrounds, Food Safety, Public Swimming Pools, Private Drinking Water, Household Sewage Treatment Systems, and Resident Camps programs, as well as Animal Bite Reporting and Complaints functions.

Effective immediately, you must submit applications for permit, registrations, and requests for certification for the above-mentioned EH programs, through the Accela Citizen Access (ACA) web application.

Applications previously entered using HealthSpace have been migrated to the ODH Accela Solution. If you have not already created an ACA account, you must do so to access your previously submitted HealthSpace applications.

In order to access the previously entered HealthSpace application listed below, you must enter the unique PIN, also provided below, in the ACA web application. If you were listed on an application multiple times (i.e. license holder, facility owner, etc.) you may receive this letter multiple times containing the same Application Record Number (below) and same PIN (below), you can ignore repeat letters. Once the PIN has been entered for the Application Record Number, you will not need to re-enter the PIN to view this application again. If you are linked to multiple permits or licenses, you will receive multiple PIN letters. You can enter a PIN for each individual record within a record type one at a time or you can link the provided PINs to many records at once by adding additional rows in the PIN record table. Follow the instructions below.

Go to <https://aca-prod.accela.com/warrenctnyh>

- Login to ACA (create an account if you have not done so already).
- Go to the Environmental Health tab.
- Select "Create an Application".
- Check the "General Disclaimer" box and click "Continue Application".
- Choose "PIN Record" > "PIN Record". Click "Continue Application".
- Click "Add a Row".
- Enter the Application Record Number and PIN found below. If you have multiple Application Record Numbers and PINs, you may add a new row and enter each one. Click "Submit".
- Click "Continue Application".
- Click "Continue Application" on the next screen.
- You'll see a message signifying the PIN has been successfully applied to the Application Record Number. You should now see this application on the **My Records** tab.

Using the instructions above, enter the following Application Record Number and PIN in the ACA web application to view this Application.

Application Record Number: 8300-PRFEL-26-002502
PIN Number: 89Bf4%7!

If you have questions, please contact your Local Health Department to request additional information. You can also see the Accela FAQ by visiting the Ohio Department of Health Accela webpage at <https://odh.ohio.gov/about-us/offices-bureaus-and-departments/behrp/accela-solution>.

In this example the important information is:

Record Number: 8300-PRFEL-26-002502
PIN: 89Bf4%7!



Step 2: Create an Account on the Accela Citizen Access Portal

Navigate to <https://aca-prod.accela.com/warrencntyhd> and select “Create an Account.” Follow the steps to create your account and then login to the account you have created.

The screenshot shows the login page for the Accela Citizen Access Portal. At the top, there are links for "Register for an Account" and "Login". Below that is a search bar. The main content area has a "Sign In" form with fields for "USERNAME OR EMAIL:" (containing "bmginter") and "PASSWORD:". There is also a "Forgot Password?" link and a "SIGN IN" button. Below the sign-in form is a "Remember me on this device" checkbox. At the bottom right of the page, there is a link "Not Registered? CREATE AN ACCOUNT".



Step 3: Link your PIN to your Facility Record Number

First, Select “Environmental Health.” Then select “Create an Application.”

Warren County Health District

Public Health

Logged in as: Benjamin Ginter Collections (0) Account Management Logout

Search...

Home Environmental Health Complaints

Create an Application Search Applications

Records

Showing 0-0 of 0

| Record Number | Record Type | Date | Status | Project Name | Action | Expiration Date |
|-------------------|-------------|------|--------|--------------|--------|-----------------|
| No records found. | | | | | | |

Search for Records

Enter information below to search for records.

- Site Address
- Parcel Number
- Record Information

Select the search type from the drop-down list.

General Search

General Search

Search my records only

Record Number: Record Type:



Step 3.1: Link your PIN to your Facility Record Number

Next, check the disclaimer at the bottom. Then, select “Continue Application”

Warren County Health District

Public Health

Logged in as: Benjamin Ginter Collections (0) Account Management Logout

Search...

Home Environmental Health Complaints

Create an Application Search Applications

Online Application

Welcome to Agency's Online Permitting System. Using this system you can submit and update information, pay fees, schedule inspections, track the status of your application, and print your final record all from the convenience of your home or office, 24 hours a day.

Please "Allow Pop-ups from This Site" before proceeding. You must accept the General Disclaimer below before beginning your application.

General Disclaimer

While the Agency attempts to keep its Web information accurate and timely, the Agency neither warrants nor makes representations as to the functionality or condition of this Web site, its suitability for use, freedom from interruptions or from computer virus, or non-infringement of proprietary rights. Web materials have been compiled from a variety of sources and are subject to change without notice from the Agency as a result of updates and corrections.

I have read and accepted the above terms.

Continue Application »



Step 3.2: Link your PIN to your Facility Record Number

Next, open “PIN Record” as the record Type, and then select “PIN Record.” Select “Continue Application”

Warren County Health District

Public Health

Logged in as: Benjamin Ginter Collections (0) Account Management Logout

Search...

Home Environmental Health Complaints

Create an Application Search Applications

Select a Record Type

Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.

Animal Bite Exposure
Food Licenses
Recreational Health
PIN Record
 PIN Record

Continue Application »

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Step 3.3: Link your PIN to your Facility Record Number

Select “Add a Row.” Note: Owners with more than 10 facilities can add 10 rows at a time. You can add as many rows as you would like.

Warren County Health District

Public Health
Prevent. Promote. Protect.

Logged in as: Benjamin Ginter Collections (0) Account Management Logout

Search...

Home Environmental Health Complaints

Create an Application Search Applications

PIN Record

1 Enter PIN Information 2 Review 3 Record Issuance

Step 1: Enter PIN Information > Connection Information

* indicates a required field.

Record Connection

RECORD MATCH CRITERIA

Showing 0-0 of 0

| Record Number | PIN # |
|-------------------|-------|
| No records found. | |

Add a Row | ▾ Edit Selected Delete Selected

Save and resume later Continue Application »

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Step 3.4: Link your PIN to your Facility Record Number

Enter your PIN and your Facility Record Number. Select “Submit.”

Warren County Health District

Public Health

Logged in as: Benjamin Ginter Collections (0) Account Management Logout

Search...

Home Environmental Health Complaints

Create an Application Search Applications

PIN Record

RECORD MATCH CRITERIA

Record Number: 8300-PRFEL-26-002502

PIN #: 89Bf4%7!

Submit Cancel

RECORD MATCH CRITERIA

Showing 0-0 of 0

| Record Number | PIN # |
|-------------------|-------|
| No records found. | |

Add a Row | Edit Selected | Delete Selected

Save and resume later Continue Application »



Step 3.5: Link your PIN to your Facility Record Number

Review and Select “Continue Application.”

Public Health
Prevent. Promote. Protect.

Logged in as: Benjamin Ginter Collections (0) Account Management Logout

Search...

Home Environmental Health Complaints

Create an Application Search Applications

PIN Record

1 Enter PIN Information 2 Review 3 Record Issuance

Step 2: Review

Record Type

PIN Record

Record Connection

RECORD MATCH CRITERIA

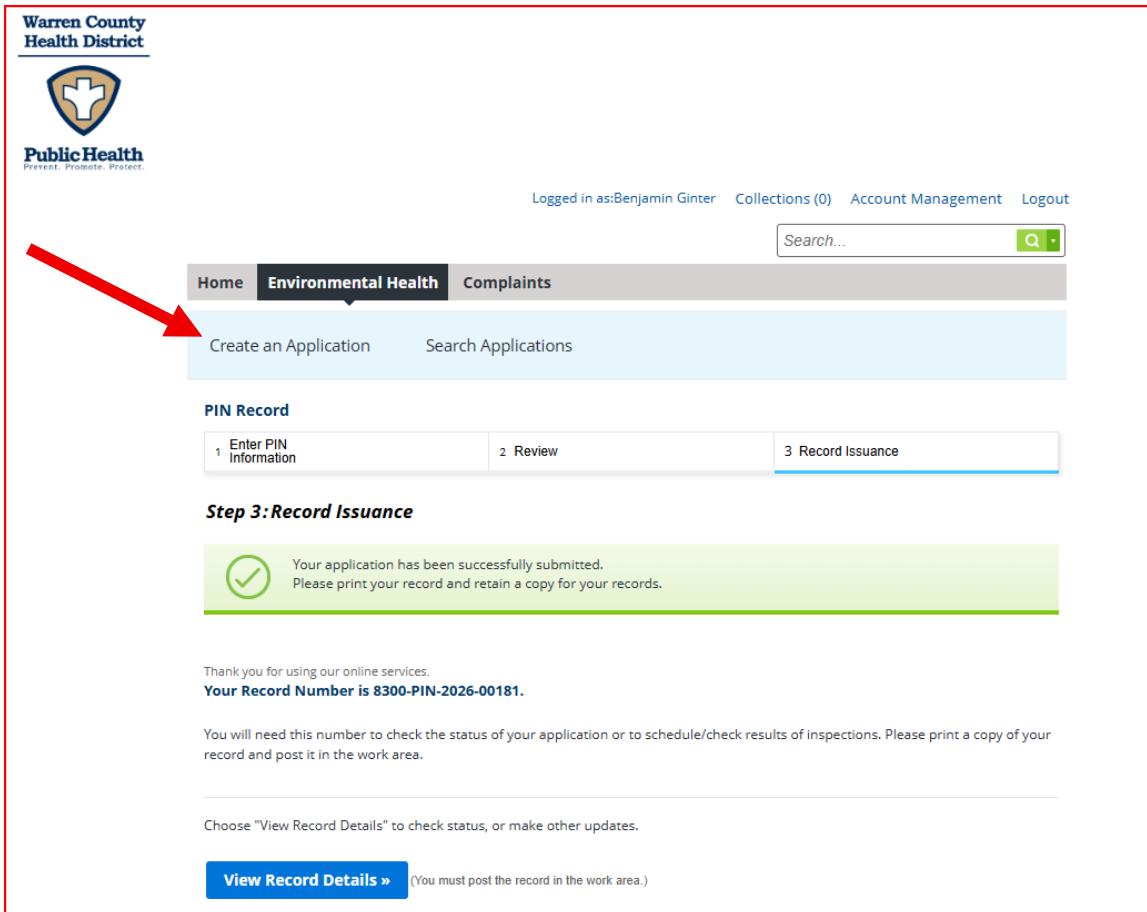
| Record Number | PIN # | Edit |
|------------------------|----------|------|
| --8300-PRFEL-26-002502 | 89Bf4%7! | |

Save and resume later **Continue Application >**



Step 3.6: Link your PIN to your Facility Record Number

Once you have linked your PIN you should receive a notification that says, “Your application has been submitted.” Click “Home.” You have now linked your PIN.



Warren County Health District

Public Health

Logged in as: Benjamin Ginter Collections (0) Account Management Logout

Search...

Home Environmental Health Complaints

Create an Application Search Applications

PIN Record

1 Enter PIN information 2 Review 3 Record Issuance

Step 3: Record Issuance

Your application has been successfully submitted.
Please print your record and retain a copy for your records.

Thank you for using our online services.
Your Record Number is 8300-PIN-2026-00181.

You will need this number to check the status of your application or to schedule/check results of inspections. Please print a copy of your record and post it in the work area.

Choose "View Record Details" to check status, or make other updates.

View Record Details > (You must post the record in the work area.)



Step 4: Renewing your license

Now that you have linked your PIN, you must now renew your license. Since your PIN has been linked to your facility, you will no longer have to complete this step in future years.

Select “My Records” on the Home screen.

The screenshot shows the Warren County Health District Citizen Access Portal. At the top, there is a header with the Warren County Health District logo and the Public Health Prevent. Promote. Protect. tagline. To the right of the logo, the text "Logged in as: Benjamin Ginter" and "Logout" are displayed. Below the header is a navigation bar with links for "Home", "Environmental Health", and "Complaints". The "Home" link is highlighted with a dark background. Below the navigation bar is a sub-navigation bar with links for "Dashboard", "My Records", "My Account", and "Advanced Search". A red arrow points to the "My Records" link. The main content area starts with a "Welcome Benjamin Ginter" message and a note that the user is now logged in. Below this is a section titled "What would you like to do today?" with a sub-instruction to select one of the services listed. There are two service sections: "Environmental Health" (with links for "Create an Application" and "Search Applications") and "Complaints" (with a link for "Submit a Complaint"). At the bottom of the page, a copyright notice reads "Copyright 2024 State of Ohio".



Step 4.1: Renewing your license

NOTICE: If your Record Number is a PIN Record, this is wrong. This means you entered the wrong Record Number in Step 3. This is a common mistake. You must resubmit the Record Number and PIN in Step 3.

Otherwise, select “Renew” in the right “Action” column, as shown in the image below.

Warren County Health District

Public Health

Logged in as: Benjamin Ginter Collections (0) Account Management Logout

Search...

Home Environmental Health Complaints

Dashboard My Records My Account Advanced Search ▾

Environmental Health

Showing 1-3 of 3 | Download results | Add to collection

| <input type="checkbox"/> | Record Number | Record Type | Date | Status | Project Name | Action | Expiration Date |
|--------------------------|----------------------|---------------------------------|------------|-----------------|--------------|--------------|-----------------|
| <input type="checkbox"/> | 8300-PIN-2026-00181 | PIN Record | 02/06/2026 | In Process | | | |
| <input type="checkbox"/> | 8300-PIN-2026-00179 | PIN Record | 02/06/2026 | In Process | | | |
| <input type="checkbox"/> | 8300-PRFEL-26-002502 | Permanent Food Facility License | 02/04/2026 | About to Expire | Ben's Bistro | Renew | 03/01/2026 |

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Step 4.2: Renewing your license

Review the Facility Information. If this is the wrong address, then you have the wrong facility. The information on this screen cannot be updated. Go back to Step 3.

Otherwise, select “Continue Application”

The screenshot shows a web-based application interface for renewing a food facility license. At the top, there is a navigation bar with links for Home, Environmental Health, Complaints, and a search bar. Below the navigation, there are buttons for 'Create an Application' and 'Search Applications'. The main content area is titled 'Permanent Food Facility Renewal' and shows a step-by-step process: 1 Facility Information (which is active and highlighted in blue), 2 Contact Information, 3 Review, and 4 Record Issuance. A sub-section titled 'Step 1: Facility Information > Facility Information' is displayed. It includes fields for Street No., Prefix, Street Name, Street Type, Unit No., City, State, and Zip. The 'City' field contains 'Lebanon', 'State' contains 'OH', and 'Zip' contains '45036'. Below these fields are 'Search' and 'Clear' buttons. At the bottom of the form are two buttons: 'Save and resume later' and a large blue 'Continue Application »' button. A red arrow points to the 'Continue Application »' button.



Step 4.3: Renewing your license

On the Contact Information page, answer the question. If you answer “Yes” call the WCHD at 513-695-1220 and let us know you need to either do the license transfer paperwork or complete the change of ownership paperwork. If you answer “No” select “Continue Application.”

Warren County Health District

Public Health

Logged in as: Benjamin Ginter Collections (0) Account Management Logout

Search...

Home Environmental Health Complaints

Create an Application Search Applications

Permanent Food Facility Renewal

1 Facility Information 2 Contact Information 3 Review 4 Record Issuance

Step 2: Contact Information > Owner or Facility Change

Ownership or Facility Change

OWNER-FACILITY CHANGE

* Is this a change in license ownership or a change of location for an existing facility: Yes No

* indicates a required field.

Save and resume later Continue Application >

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Step 4.4: Renewing your license

NOTICE: Much of our contact information has become corrupted or lost during the transition from our previous software to this new system. ***Please carefully review all contact information and make updates to the system.*** Once you have updated the contact information, select “Continue Application.”

Prevent. Promote. Protect.

Logged in as: Benjamin Ginter Collections (0) Account Management Logout

Search...

Home Environmental Health Complaints

Create an Application Search Applications

Permanent Food Facility Renewal

1 Facility Information 2 Contact Information 3 Review 4 Record Issuance

Step 2: Contact Information > Contact Information

* indicates a required field.

Contact List

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

Select from Account Add New Look Up

Showing 1-4 of 4

| Full Name | Business Name | Contact Type | Work Phone | Fax | E-mail | Action |
|-----------------|---------------|----------------------------------|------------|-----|-----------------------------|---|
| Benjamin Ginter | | Applicant | | | gintbm@warrencohealthoh.gov | Edit Delete |
| Benjamin Ginter | | Facility Owner or Parent Company | | | gintbm@warrencohealthoh.gov | Edit Delete |
| Benjamin Ginter | | Facility | | | gintbm@warrencohealthoh.gov | Edit Delete |
| Benjamin Ginter | | License Holder | | | | Edit Delete |

[Save and resume later](#) [Continue Application »](#)



Step 4.5: Renewing your license

Review the application, select the disclaimer, and select “Continue Application.”

Home **Environmental Health** Complaints

Create an Application Search Applications

Permanent Food Facility Renewal

1 Facility Information 2 Contact Information 3 **Review** 4 Record Issuance

Step 3: Review

[Save and resume later](#) [Continue Application »](#)

Please review all information below. Click the “Edit” buttons to make changes to sections or “Continue Application” to move on.

Record Type

Permanent Food Facility Renewal

Address

416 S East ST
Lebanon OH 45036

Ownership or Facility Change

OWNER FACILITY CHANGE

Is this a change in license ownership or a change of location for an existing facility: No

Contact List

Showing 1-4 of 4

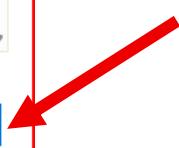
| Full Name | Business Name | Contact Type | Work Phone | Fax | E-mail | Action |
|-----------------|---------------|----------------------------------|------------|-----|-----------------------------|----------------------|
| Benjamin Ginter | | Applicant | | | gintbm@warrencohealthoh.gov | Edit |
| Benjamin Ginter | | Facility Owner or Parent Company | | | gintbm@warrencohealthoh.gov | Edit |
| Benjamin Ginter | | Facility | | | gintbm@warrencohealthoh.gov | Edit |
| Benjamin Ginter | | License Holder | | | | Edit |

I certify that I have read and understand the instructions that accompany this application and that the statements made as part of this application are true, complete, and correct and that no material information has been omitted. By checking the box below, I understand and agree that I am electronically signing and filing this application.

By checking this box, I agree to the above certification.

Date: 02/06/2026

[Save and resume later](#) [Continue Application »](#)





Step 4.6: Renewing your license

Your fees have generated. You may now select “Continue Application.” If you wish to pay via cash, check, cashier’s check, or money order you can mail us at 416 S. East Street, Lebanon, Ohio 45036. Make checks payable to the Warren County Health District. Ensure there is clear identifiable information about the facility on the check such as the facility name and location. Ensure you include a phone number where we can reach you.

If you are not paying online, you may end your renewal here. If you are paying online, select “Continue Application.”

Warren County Health District

Public Health

Logged in as: Benjamin Ginter Collections (0) Account Management Logout

Search...

Home Environmental Health Complaints

Create an Application Search Applications

Permanent Food Facility Renewal

1 Facility Information 2 Contact Information 3 Review 4 Pay Fees 5 Record Issuance

Step 4: Pay Fees

Listed below are preliminary fees based upon the information you've entered. Some fees are based on the quantity of work items installed or repaired. Enter quantities where applicable. The following screen will display your total fees.

| Fees | Qty. | Amount |
|--|------|----------|
| Commercial Level 1 - less than 25000 sq. ft. | 1 | \$200.00 |
| Commercial State Fee | 1 | \$28.00 |

TOTAL FEES: \$228.00

Note: This does not include additional inspection fees which may be assessed later.



Step 5: Pay for your license.

Now that you have submitted your renewal application, submit your payment information through the

CBOSS Platform. Once you have completed payment, your license will be mailed to you.

The screenshot shows a web-based payment form for the Ohio Department of Health. At the top, it says "Enter Payment Information" and "Warren County Health District Payment Summary". It displays a total amount of \$228.00. The "Payment Information" section requires input for Credit Card Number, Credit Card Type, Expiration Month, and Expiration Year. The "Billing Information" section requires input for First Name, Middle Name, Last/Business Name, Phone, Address Line 1, Address Line 2, City, State/Province/Region, Zip/Postal Code, Country, and Email (ginteruci@gmail.com). A "Continue" button is at the bottom right. A "Technical Support" section at the bottom left provides contact information for the Bureau of Environmental Health (BEH) at BEH@odh.ohio.gov.

If you have any questions, please contact the WCHD at (513) 695-1220.