

How to Make a Portal Payment

Link to the Fresno County Citizen's Portal: <https://permitportal.fresnocountyca.gov/citizenportal/app/login>

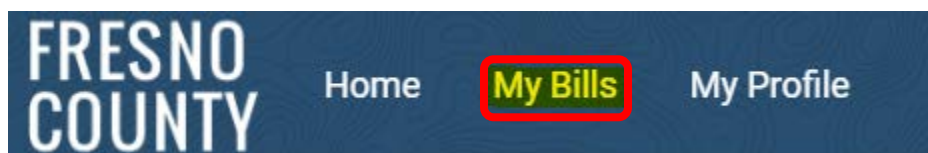
1. Enter your Username and Password and click submit

Username: Your Email Address

Password: Is the one you created



2. Click **My Bills**



3. Click Environmental Health Bills

Bill List - By Folder Types

[Public Work Bills](#)

[Environmental Health Bills](#)

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4. A list of the outstanding invoices for all of your facilities will appear

Bill List - By Folder Types

Public Work Bills

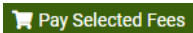
Environmental Health Bills

Fees & Payment

Please review the bills associated to your profile.
Click and select any unpaid fee rows in table to select fees and make a payment.


<input type="checkbox"/> Invoice Number	Fee Details	Total	
<input checked="" type="checkbox"/> ID: 235452 - Name: DAN'S TEST SITE - Type: FA			
<input type="checkbox"/> 247373	Liquor Store/Market 1-500 Sq. Ft.	\$438.00	\$2,359.00
	Meat Market	\$1,046.00	
	Satellite Food Facility	\$430.00	
	Confectionery	\$445.00	

0 selected / 1 total

5. Select the invoice(s) you would like to pay by checking the box to the left of the invoice number. A summary of the fees will appear, click 

Fees & Payment

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Click and select any unpaid fee rows in table to select fees and make a payment.




<input checked="" type="checkbox"/> Invoice Number	Fee Details	Total	
<input checked="" type="checkbox"/> ID: 235452 - Name: DAN'S TEST SITE - Type: FA			
<input checked="" type="checkbox"/> 247373	Liquor Store/Market 1-500 Sq. Ft.	\$438.00	\$2,359.00
	Meat Market	\$1,046.00	
	Satellite Food Facility	\$430.00	
	Confectionery	\$445.00	

1 selected / 1 total

Fees selected for payment:

- \$2,359.00: Bill Number: 247373
Liquor Store/Market 1-500 Sq. Ft. \$438.00
Meat Market \$1,046.00
Satellite Food Facility \$430.00
Confectionery \$445.00

Total Amount: **\$2,359.00**







If you need to remove a fee due to a change in operation, **STOP HERE** and contact us so we can remove the fee


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6. Select payment method

Bills to Pay

Permit Fee Payment
Invoice Amount
225801 \$741.00



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7. Enter all the required information and click Next

Credit Card Billing Information

* - Required Field

First Name *

Middle Initial

Last Name *

Billing Address

Country *

State

City

Postal Code *

Phone

Email Address

Retype Email Address

Payment Information

Verification

How to Make a Portal Payment





8. Enter all the required information, read the Terms and Conditions, and check the I agree checkbox, click Next.

[Credit Card Billing Information](#)

Payment Information


Total Payment Amount \$247.00

* - Required Field

Credit Card Number *    

Expiration Date Month * Year *

Name on Card *

Card Verification Number * 

PAYMENT TERMS AND CONDITIONS

AUTHORIZATION

Terms and Conditions

By checking the "I agree to the Terms and Conditions" checkbox below I am confirming my payment is in accordance with the rules and regulations of the agreement between me and my card issuer.

My payment can only be completed upon the acceptance and authorization of my

I agree to the terms and conditions.

How to Make a Portal Payment

9. Verify the information you entered, check the checkbox next to I'm not a robot, click Submit Payment.

[Credit Card Billing Information](#)

Payment Information


Verification

Permit Fee Payment

Invoice Amount

1035298 \$1,018.00

Merchant Name	Fresno County DPHEH
First Name	test
Middle Initial	
Last Name	test
Business Name	FC TEST
Payor Address	1221 FULTON
City	FRESNO
Country	United States
State	California
Postal Code	93721
Phone	
Email Address	
Total Payment Amount	\$1,018.00
Credit Card Number	xxxxxxxxxxxx0000
Expiration Date	xx / xxxx
Name on Card	TEST
Card Verification Number	xxx

<input type="checkbox"/>	I'm not a robot	
		reCAPTCHA Privacy - Terms




Cancel	Back	Submit Payment
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How to Make a Portal Payment

[Enter Payor Information](#)

Payment Information

Total Payment Amount **\$20.00**

Account Number	<input type="text"/>	*		
Retype Account Number	<input type="text"/>	*		
Routing Number	<input type="text"/>	*		
Account Type	<input type="text" value="Select"/>	*		
Name on Account	<input type="text"/>	*		

Return Notification

By providing an email address, we will endeavor to notify you in the event your ACH payment is returned. If you wish to be notified in the case your payment is returned, please check below.

Please email me at the address provided below if my ACH payment returns.

Terms and Conditions

PAYMENT TERMS AND CONDITIONS

AUTHORIZATION

By checking the "I accept the Terms and Conditions" checkbox below I authorize my bank to debit my specified account for the amount of my payment. This is a one-time payment which will occur on the next business day or as soon as practical thereafter.

If my payment cannot be completed for any reason, including insufficient funds or

I agree to the terms and conditions.

Verification