

Abandoned Cart Prevention Plan

RETURN TO: City of Turlock Planning Division 156 South Broadway, Suite 120 Turlock, California 95380-5454

FOR OFFICIAL USE ONLY		
Check Number: Check Amount \$		
Account Number:		

FOR QUESTIONS: Call (209) 668-5640

Please complete the following. Attach additional sheets, if necessary:

1. General Informati	101	n
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1. General Inform	auvii
Name of Business	
Name of Owner	
D ' / / / / /	
Business Location/Address	
Name of On-Site Contact	
Phone Number(s)	

Cart Inventory (What is the number of carts maintained on your premises?) 2.

	[] 0-10 Carts**	[] 11 or more carts
	**If you have checked this box, please complete Section 1 and 2 on Page 1 of	Please indicate the number of on-site carts:
	this form (General Information), sign,	If you have checked this box, please complete EITHER Section 3
	date and return Page 1 ASAP. You do	(Containment Plan) OR Section 4 (Retrieval Plan), include a check
	not have to prepare a plan or pay any fees.	payable to the City of Turlock in the amount of \$155.00, and mail
	iees.	to the City of Turlock Planning Division at the address above ASAP.
	However, BEFORE you begin to use 11	140.11
	or more carts for your business at any	NOTE: Two or more retail establishments located within the same
	time in the future, you must submit a	shopping/retail center or sharing a common parking area may
	plan for review and be approved by the	collaborate and submit a single Cart Containment Plan.
	City of Turlock.	
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Section 3: Cart Containment Plan (Complete All Sections A-D)

Section A: Signs Affixed to Carts:			
 Every Cart owned or provided by any Owner must have a sign permanently affixed to the Cart that contains all of the following: Identity of Owner, business establishment, or both; The address or phone number of the Owner of the business; and Notification to the public that the removal of the Cart from the Premises is a violation of State Law. 			
Please indicate the language an	d statement to be used and at	ffixed to carts::	
Section B: Notice to C	Customers:		
	e methods you intend to u	se for notification (at least one bo	x must be checked):
[] Signs posted in prominent places near doors and/or parking lot exits **REQUIRED**	[] Flyers distributed at th premises	e [] Direct mail	[] Web site
[] Warnings on shopping bags	[] Other means of comm	unication (Please Describe)	
Section C: Physical M Please check the boxes of the		to undertake (at least one box mus	t be checked):
[] Electronic or other disabling devices **	[] Courtesy clerks to accompany customer	[] Security Personnel (1 or more)	[] Bollards & Chains in areas which prevent carts from being taken **
[] Security deposit for use	[] Other means of preven	ntion (Please Describe)	
of Cart			
		chment, grading or applicable buildi h change the physical landscape of th	
Section D. Employee	Γuaininα.		
Section D: Employee Thease describe how you will		t least one box must be checked):	
[] Staff Meetings	[] Posting in Employee Areas	[] Employee Orientation	[] Other (describe below)
To the best of my knowledg	e the above information is	s true and accurate.	
(Name)		(Title)	(Date)
(Name)		(Tiue)	(Date)
Return completed form with \$1		Remember to:	
The City of Turlock Planning Division	[Complete Section 1 and 2 Complete EITHER Section 3 OR	4
156 S. Broadway Suite 120	56 S. Broadway Suite 120 [] Attach additional pages, if necessary		
Turlock, CA 95380-5454		Include a check for \$155.00 payal Mail all completed sections and c	

Section 4: Cart Retrieval Flan (Complete All Sections A-C)			
Section A. Signs Affixed to Corts.			
Section A: Signs Affixed to Carts: Every Cart owned or provided by any Owner must have a sign permanently affixed to the Cart that contains all of the following: 1) Identity of Owner, business establishment, or both; 2) The address or phone number of the Owner of the business; and 3) Notification to the public that the removal of the Cart from the Premises is a violation of State Law. Please indicate language and statement to be used and affixed to carts to comply with the above Ordinance standards:			
Section B: Retrieval Personnel			
	eval of lost, stolen or abandoned shopping cards. Please mark the type of <i>least one box must be checked</i>):		
[] Employees of the retail establishment.	[] Independent contract with a cart retrieval service.		
Number of employees who will be assigned cart retrieval duties:	*Please include a copy of each contract with cart retrieval service (you may exclude confidential financial information from the contract).		
Section C: Prompt Retrieval of Carts:			
mile radius of the premises of the retail establishment are pa	cient personnel to assure that all public streets within a minimum one- atrolled not less often than every forty-eight (48) hours, and all bus stops at not less often than every twenty-four (24) hours, for location and		
Please identify: A) The perimeter and bus stops which will be patrolled in B) The manner frequency and times of such patrol. C) The procedures employed by the retail establishment t D) Number of trucks and hours of operation of retrieval patron compliance with this ordinance.			
ATTACH ADDITIONAL SHEETS, IF NECESSARY			
To the best of my knowledge the above information is	s true and accurate.		

(Name)	(Title)	(Date)
Return completed form with \$155.00 fee to: The City of Turlock Planning Division 156 S. Broadway Suite 120 Turlock, CA 95380-5454		necessary 0 payable to the City of Turlock
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