



Abandoned Cart Prevention Plan

Community Development Department
 Community Services Department
 7351 Rosanna St.
 Gilroy, CA 95020
 Phone: 408-846-0444 Fax: 408-846-0306

OFFICIAL USE ONLY

Check Number: _____ Check Amount: \$ _____
 Account Number: _____ Inl: _____
 Date Received _____

Please complete the following. Attached additional sheets if necessary:

1. General Information

Name of Business	
Name of Owner	
Business Location	
Name of On-Site Contact	
Phone Number(s)	

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

<input type="checkbox"/> 0-25 Carts	<input type="checkbox"/> 26-100 Carts	<input type="checkbox"/> 100 Plus Carts
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3. Community Outreach

<input type="checkbox"/> Signs posted in prominent places near doors and/or parking lot exits	<input type="checkbox"/> Notice at Registers.	<input type="checkbox"/> Other means of communication (Please explain below)
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4. Cart Signage

Every Cart owned or provided by any Owner must have a sign permanently affixed to the Cart that contains all of the following information:

- 1) Identity of Owner, business establishment, or both
- 2) The address or phone number of the Owner of the business and the actual store site
- 3) Notification to the public that the removal of the Cart from the Premises is a violation of State Law
- 4) Legal means of cart removal, which is written permission from the cart owner

Please indicate language and statement to be used and affixed to carts to comply with the above Ordinance standards:

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5. Loss Prevention Measures

Please describe cart loss prevention measures

<input type="checkbox"/> Electronic or other disabling devices	<input type="checkbox"/> Courtesy clerks to accompany customer	<input type="checkbox"/> Security personnel	<input type="checkbox"/> Security deposit for use of Cart
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Please Describe Loss Prevention Measures below:

6. Mandatory Retrieval

Each Prevention Plan requires a plan for cart retrieval within 24 hours notification by the City of Gilroy. Please describe your cart retrieval plan:

7. Employee Training

Please describe method of employee training on Abandoned Cart Prevention Plan

<input type="checkbox"/> Staff Meetings	<input type="checkbox"/> Posting in Employee Areas	<input type="checkbox"/> Employee Orientation	<input type="checkbox"/> Other
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Please Describe Employee Training Plan below:

To the best of my knowledge the above information is true and accurate.

Signature

Print Name

Title

Date

Return completed form with fee to:
The City of Gilroy – Community Services
Abandoned Cart Prevention Program
7351 Rosanna St.
Gilroy, CA 95020

Remember to:

- Check that all portions of the form are completed
- Attach additional pages if necessary
- Include a check for \$125.00 payable to the City of Gilroy -- ACPP