



2022

Abandoned Shopping Cart Prevention Plan

Code Enforcement Division, City Hall
1201 Civic Center Blvd.
Yuba City, CA 95993
Phone:(530) 822-4703
leden@yubacity.net

1. General Information (Also see California B & P Code Section 22435)

Name of Business	
Business Address	
Name of On-Site Contact	Yuba City, CA
Contact Phone Number and Email	

2. Cart Inventory

<input type="checkbox"/> 0-9 Carts If you have checked this box, you only need to complete Section 1 (General Information) and Section 6 (Mandatory Retrieval). Sign, date and return within 30 days from the date of receipt.	<input type="checkbox"/> 10 or more Carts Approximately How Many Carts? _____ If you have checked this box, please complete the entire form and return the completed form to the City of Yuba City.
---	---

3. Notice to Customers

How will you inform customers that removing or being in possession of a shopping cart off the store premises is a violation of State law?

Signs posted near entrance doors or parking lot exits.

Other: Please describe _____
(Attach additional sheets if needed.)

4. Cart Signage - Your store's carts must contain these essential elements

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 and or phone number of the Owner of the business establishment for Cart return.
- 3) Notification to the public that the removal or possession of the Cart off the Premises is a violation of State Law and the legal means for removal. (Written permission of the store owner)

Provide a Sample of the statement to be used and affixed to carts to comply with the above Ordinance standards: If you are using stickers as signage, attach a sample sticker or a copy of the sticker or sign.

5. Loss Prevention Measures

Please describe the shopping cart loss prevention measures in use at this store that are likely to prevent shopping carts from being removed from the premises. Check all that apply.

<input type="checkbox"/> Wheel Locks, Electronic, or other disabling devices	<input type="checkbox"/> Carts equipped with poles	<input type="checkbox"/> Clerks or Security personnel	<input type="checkbox"/> Other (describe below)
--	--	---	---

6. Mandatory Retrieval (Title 5, Article 22, Section 5-22.070 of the City of Yuba City Municipal Code)

Each Prevention Plan requires mandatory cart retrieval within 72 hours upon notification by the City. If the business has 9 or fewer carts total, the owner shall be responsible for retrieval. Every Owner who maintains 10 or more carts shall provide an Abandoned Shopping Cart Prevention Plan. Every Owner who maintains 10 or more carts shall retrieve their own carts or they may provide evidence of a contract with a shopping cart retrieval service with terms requiring cart collection within 72 hrs. of removal. Every owner who maintains 150 or more carts are required to have a standardized cart containment system with a wheel locking or stopping mechanism.

Who should the City of Yuba City contact for Cart Retrieval?

Company: _____ Phone: _____

Contact Name: _____ Email: _____

7. After Hours Cart Containment

Please describe the plan in place for securing shopping carts after regular business hours:

8. Employee Training

Please describe the annual method of employee training on the store's Abandoned Cart Prevention Plan. Check all that apply.

<input type="checkbox"/> Staff Meetings	<input type="checkbox"/> Employee Orientation	<input type="checkbox"/> Other (describe below)
---	---	---

I understand that it is my responsibility to comply with the City of Yuba City Municipal Code, and I certify that the above information is true and accurate to the best of my knowledge.

Signature (Store Representative) _____ Print Name _____ Title _____ Date _____

Return the completed form to:
 The City of Yuba City
 Development Services Department
 ATTN: Code Enforcement
 1201 Civic Center Blvd.
 Yuba City, CA 95993
 Phone: (530) 822-4703
 Fax: (530) 822-7575
 Email: leden@yubacity.net

Remember to:
 Check that all portions of the form are completed
 Attach additional pages if necessary

OFFICIAL USE ONLY:
 ASCPP Approved
 ASCPP Denied

By: _____ Date: _____