



Shopping Cart Permit Application

APPLICANT

Name of Business: _____

Address: _____
Street City State ZIP

Phone: _____ Fax: _____ Email Address: _____

Premise Description (Per Ordinance Sec. 39-20. Definitions-Premises & Sec. 39-22. (a)(2) – Supply with permit, a plan or other graphic defining and illustrating the full limits of the business premise)

_____ Square Feet of Business: _____

STORE MANAGER/CONTACT (able to respond within four hours after notification to retrieve shopping carts found off premises)

Last Name: _____ First: _____ Title: _____

Phone: _____ Fax: _____ Email Address: _____

BUSINESS OWNER

Business Owner: _____

Phone: _____ Fax: _____ Email Address: _____

Owner Address (if different from above): _____
Street City State ZIP

DESCRIPTION AND IDENTIFYING FEATURES OF BUSINESS SHOPPING CARTS

Construction Materials (check all that apply) Metal Plastic Combination

Size (check all that apply) Small Large Oversize Baby Seat

Color (provide description) _____

Business Identification Markings and Signage (per Ordinance Chapter 39 Article II Section 39-23(a)(1) & (2) *Note-A graphic or photograph, etc., of all shopping cart types must be submitted with this application)

Any additional distinctive features (i.e. locking wheels, designer carts, custom infant carriers, etc.) _____

Annual Shopping Cart Permit Fee for each Store Location more than 3,000 square feet: **\$100**
(Permit is non-transferable and must be renewed annually. Permit fee must be submitted with permit application and made payable to the City of Irving.)

Applicant Signature Applicant Printed Name Applicant Title Date

*Note: The city must be notified in writing of any changes in information submitted with this application within 30 days. Complete this application and return with applicable fee to:

City of Irving
Capital Improvement Program
P.O. Box 152288
Irving, Texas 75015-2288

Or submit in person to: Capital Improvement Program
825 W. Irving Blvd., 2nd Floor
Irving, Texas 75060