



**Department of Regulatory and Economic Resources**

Consumer and Neighborhood Protection Division

11805 SW 26<sup>th</sup> Street, Room 230, Miami, Florida 33175

**Tel:** (786) 469-2300 **Fax:** (786) 469-2303

**Email:** [consumer@miamidade.gov](mailto:consumer@miamidade.gov)

[miamidade.gov](http://miamidade.gov)

**EXEMPTION PETITION FOR SHOPPING CART  
IDENTIFICATION, WARNING NOTICES AND PARKING AREA SIGNS**

**PLEASE TYPE OR PRINT**

**1. BUSINESS NAME**

\_\_\_\_\_  
*(Enter the exact name used by the business)*

**2. OTHER BUSINESS NAME**

\_\_\_\_\_  
*(Enter individual, partnership, or corporate name if different)*

**3. STORE LOCATION / STORE NUMBER \_\_\_\_\_**

\_\_\_\_\_  
ADDRESS

CITY

ZIP

**4. OWNER/MANAGER**

**5. BUSINESS TELEPHONE**

(\_\_\_\_\_) \_\_\_\_\_ **Extension** \_\_\_\_\_

**6. ADDITIONAL STORE LOCATIONS    YES \_\_\_\_\_ NO \_\_\_\_\_**

*(If yes, please attach a separate sheet for all additional locations to include the information requested above.)*

**7. EXEMPTION TYPE REQUESTED**

\_\_\_\_\_ Constructed barriers to prevent the removal of shopping carts, while permitting full wheelchair ingress and egress by disabled persons.

\_\_\_\_\_ Attached alarm mechanisms or other security devices to shopping carts to prevent their removal from the property of the retail sales establishment or shopping center.

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Return completed petition and fee to the above address. The fee amount in effect until September 30, 2025 is \$85.00 for one store location plus \$43.00 for each additional store location. Fee is to be paid by check or money order only made out to "Miami-Dade County-CP".**

-----OFFICE USE ONLY-----

Approved - shopping cart identification and warning notice \_\_\_\_\_ parking area signs \_\_\_\_\_

Enforcement Officer \_\_\_\_\_ Badge # \_\_\_\_\_ Date \_\_\_\_\_