

**City of Bonner Springs  
Merchant Patrol Officer or Security Patrol Officer  
License Application**

**LICENSE FEE: \$50.00 per year plus the investigation fee \$50.00.  
A Merchant Police License application form shall be submitted to the City Clerk.**

**REQUIREMENTS**

**Investigation of Applicant** - The police chief shall fingerprint the applicant and conduct a thorough investigation of applicant within five days. The applicant shall pay for any fees connected with the investigation.

**Bond** - The applicant must provide proof of insurance by a reliable insurance company authorized to do business in the state for liability insurance in the amount of \$50,000 and \$100,000.

**Expiration:** Every license shall expire on the 31st day of December of each year.

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**Date of Application:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address  
of Applicant:** \_\_\_\_\_

**DOB** \_\_\_\_\_ **SSN** \_\_\_\_\_ **DLN** \_\_\_\_\_

**Phone Number of Applicant: Day** \_\_\_\_\_ **Evening** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Applicant's Previous Occupation or Employment for the Last Five Years:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Qualifications/Experience for Operating a Security Operation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List Services To Be Performed:** \_\_\_\_\_

\_\_\_\_\_

**Describe the Area, Territory or District of the City You Will Serve:**

\_\_\_\_\_  
\_\_\_\_\_

Have You Been Convicted of a Crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the crime, court rendering judgment, case number, date of conviction and a summary of events surrounding the matter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fees To Be Charged For Services: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**City of Bonner Springs, Kansas**  
**Authority to Release Information**

This authorization allows the City of Bonner Springs and/or its designated representatives to fully investigate any information pertaining to my **criminal conviction records and driver license history**. The release of this information is for the official use of the Bonner Springs City Clerk's Office. This document also authorizes all individuals, partnerships, corporations, or other entities to release to the City of Bonner Springs and/or its designated representatives, and all information, records or documents deemed by the City or its representatives to be necessary to complete its investigation. This authorization shall release the custodian of any records sought to be released pursuant to this document from any liability for damages of whatever kind, which may at any time be incurred by me, my family, heirs, associates or assigns because of compliance with this authorization.

Should there be any question as to the validity or intent of this authorization, you may contact me at the following address and phone numbers:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

**By signing this form, I agree to the release of information.**

\_\_\_\_\_  
Signature

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**CITY APPROVAL**

City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Police Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Council City Approval Date : \_\_\_\_\_

