

## APPLICATION FOR A CONSTABLE LICENSE

City of Somerville, Commonwealth of Massachusetts

Date 10-31-11

To the Honorable Mayor and the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that he/she may be granted a license to operate as a Constable in the City of Somerville. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Mayor or Board of Aldermen. Such permission shall be revocable at any time at the pleasure of the Board of Aldermen.

Name ROBERT LOMANNO Date of Birth 2-19-61  
Address, City, Zip 92 HIGHLAND AVE SOMERVILLE MA  
(16 BALDWIN ST) PEABODY MA 01921  
How long at this address? 40 YRS Telephone 617-669-5221  
Present Employer T.S.A. Present Occupation HOMELAND SECURITY T.S.A. SUPERVISOR/LEAD

Do you currently hold a License to Carry a firearm in Massachusetts? ☒ Yes ☐ No  
Have you ever had a License to Carry a firearm revoked or suspended, or had an application for such denied, here or in any other jurisdiction? ☐ Yes ☒ No

Where do you currently serve as an appointed Constable?

City or Town	Year first Appointed	City or Town	Year first Appointed
<u>SOMERVILLE</u>	<u>2004</u>		

For new Constables only, Why do you seek appointment? \_\_\_\_\_

For new Constables only, What are your qualifications? \_\_\_\_\_

For new Constables only, Who do you expect to serve? \_\_\_\_\_

I certify that I am a citizen of the United States and that all statements in this application are true and accurate under the pains and penalties of perjury.

Signature Robert Lomanno

RENEWAL

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Applicant Name ROBERT LOMANNO

## ATTORNEY RECOMMENDATION (For new Constables only):

I, being a member of the Massachusetts Bar in good standing for the last 9 years, and being a resident of the applicant's home community of Somerville, do state upon honor that the applicant is personally known to me, that I have reviewed this application, and believe each of the statements on it to be true, and that the applicant is a person of good moral character and reputation, and competent to perform the duties of a Constable.

Signature

Print Name

Business Address

[Signature] RICHARD G. DIGITADINO  
424 BROADWAY, SOMERVILLE, MA.  
02145

## REPUTABLE CITIZENS RECOMMENDATION (For new Constables only):

We, the undersigned citizens of Somerville, hereby certify that the applicant is personally known to us, that we have reviewed this application, and believe each of the statements on it to be true, and that the applicant is a person of good moral character and reputation, competent to perform the duties of a Constable.

Signature

Name (Print)

Street Address

Occupation

[Signature]  
[Signature]

ADA TAURO  
BILL TAURO

89 FIFTH ST  
SOMERVILLE NEWS

SOMERVILLE  
BUS. OWNER

## POLICE CHIEF RECOMMENDATION (For all Constables):

I, the Chief of Police, having reviewed this application for appointment or reappointment as a Constable and having, at the request of the Mayor, investigated the reputation and character of the applicant and his or her fitness for the office, all as provided by MGL c. 41 s. 91B, recommend that this application be:

Signature

Approved Denied

Date