

APPLICATION FOR A CONSTABLE LICENSE
CITY OF SOMERVILLE, COMMONWEALTH OF MASSACHUSETTS

Name BERLIN HAYNES Date of Birth 6/1/34
Residential Address, City, Zip 225ay Stuit on Somerville MA 02144
How Long at this Address? 25 YRS Telephone 617.625.1806
Email Address [REDACTED] Website [REDACTED]
Present Employer [REDACTED] Present Occupation Retired

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>			

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 understand that 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, and that it will be revocable at any time at the pleasure of the Board of Aldermen. I certify under the penalties of perjury that I am a citizen of the United States and a resident of Somerville, that all statements in this application are true and accurate, and that to my best knowledge and belief, I have filed all State tax returns and paid all State taxes required under law.

Signature [Signature]

Date 1/7/16

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Page 2

Applicant Name 

ATTORNEY RECOMMENDATION (For new Constables only):

I, being a member of the Massachusetts Bar in good standing for the last ____ years, and being a Somerville resident, do state upon honor that the applicant is a Somerville resident 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 _____

4 REPUTABLE CITIZENS RECOMMENDATIONS (For new Constables only):

I, the undersigned Somerville resident, hereby state that the applicant is a Somerville resident 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, competent to perform the duties of a Constable.

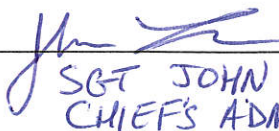
Signature	Name (Print)	Street Address	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

POLICE CHIEF RECOMMENDATION (For all Constables):

I, the Chief of Police, having reviewed this application for appointment as a Constable:

☒ Recommend that this applicant be appointed.

☐ Do not recommend that this applicant be appointed.

Signature  Date 3-3-2016
SGT JOHN TAM
CHIEF'S ADMINISTRATIVE AIDE