

# APPLICATION FOR A CONSTABLE LICENSE

City of Somerville, Commonwealth of Massachusetts

Date

3/1/11

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 DAVID LYONS

Date of Birth 6/8/50

Address, City, Zip 43 Pearl St Medford MA 02155

How long at this address? 7 yrs.

Telephone 617-990-4784

Present Employer City of Somerville

Present Occupation SPECIAL Police officer

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

**For new Constables only**, Why do you seek appointment?

Retired Somerville Police officer. 35 yrs

**For new Constables only**, What are your qualifications?

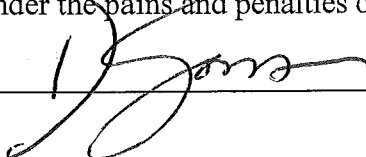
35 yrs Police experience

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

Somerville, Medford

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



# APPLICATION FOR A CONSTABLE LICENSE

City of Somerville, Commonwealth of Massachusetts

Page 2

Applicant Name DAVID LYONS

## ATTORNEY RECOMMENDATION (For new Constables only):

I, being a member of the Massachusetts Bar in good standing for the last twenty years, and being a resident of the applicant's home community of Medford, 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 Donald Caliguri Print Name DONALD CALIGURI

Business Address 23 Bow Street, Somerville, MA 02143

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

We, the undersigned citizens of \_\_\_\_\_, 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
<u>[Signature]</u>	<u>DAVID FEIN</u>	<u>59 HILL AVE Medford MA</u>	<u>POLICE OFFICER</u>
<u>[Signature]</u>	<u>Alexander Capobianco</u>	<u>48 Stone Ave Somerville</u>	<u>POLICE OFFICER</u>
<u>Charles J. Femino</u>	<u>CHARLES J. FEMINO</u>	<u>279 Porter St MELROSE MA</u>	<u>POLICE Captain</u>
<u>Paul J. Upton</u>	<u>Paul J. Upton</u>	<u>39 Macnicco St Medford, MA</u>	<u>POLICE DEPUTY CHIEF</u>

## 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 [Signature]

☒ Approved ☐ Denied  
Date 3/10/2011