

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

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

I respectfully request to be granted a license to operate as a Constable in the City of Somerville.

Name ROBERT SWEENEY Date of Birth 10-4-1954
Address, City, Zip 207 CAMBRIDGE ST CAMBRIDGE MA
How long at this address? 6 YRS Telephone 781-526-9440 02141
Present Employer CONSTABLE SERVICES Present Occupation CONSTABLE

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>2002</u>		
<u>EVERETT</u>	<u>2012</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, 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 Robert Sweeney Date 12-11-2014

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Applicant Name ROBERT SWEENEY

ATTORNEY RECOMMENDATION (For new Constables only):

I, being a member of the Massachusetts Bar in good standing for the last _____ years, and being a resident of the applicant's home community of _____, 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 _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Deputy Chief PLATS Date 2/4/15