## 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 Present Employer CONSTABLE SERVICES Present Occupation ConsTABLE Do you currently hold a License to Carry a firearm in Massachusetts? Have you ever had a License to Carry a firearm revoked or suspended. Yes X No or had an application for such denied, here or in any other jurisdiction? Where do you currently serve as an appointed Constable? City or Town Year first Appointed Year first Appointed City or Town somerville 2002 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. Robert Sweeney Date 12-11-2014

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Page 2

Applicant Name	KOBER	T SWEE	NEY
ATTORNEY RECON	MENDATION (For	new Constables only):	
a resident of the application that the applicant is pe	cant's home communi rsonally known to me on it to be true, and th	n good standing for the laty of, that I have reviewed this at the applicant is a personduties of a Constable.	, do state upon honor sapplication, and believe
Signature	4-2-7	Print Name	
Business Address	150	,	
We, the undersigned of personally known to	eitizens of us, that we have rev true, and that the ap	, hereby cerviewed this application, applicant is a person of grant a Constable.	tify that the applicant is and believe each of the
Signature	Name (Print)	Street Address	Occupation
02.0			
POLICE CHIEF REC	COMMENDATION (	For all Constables):	
I, the Chief of Police, h	aving reviewed this ap	plication for appointment	as a Constable:
Recommend that	this applicant be appo	inted.	
Do not recommen	nd that this applicant b	e appointed.	, ,
Signature Deputy	Chief Ben	7 Date	2/4/15