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 o						
Name DEREK MORRISON	Date of Birth 4/7/1970					
Address, City, Zip 31 McKoNE ST.	DORCHESTER MA. 02122					
How long at this address? 14+	Telephone 617-592-2922					
Present Employer CONSTABLES OFFICE	Present Occupation CONSTABLE					
Do you currently hold a License to Carry a firear Have you ever had a License to Carry a firearm r or had an application for such denied, here or in	revoked or suspended,					
Where do you currently serve as an appointed Co	onstable?					
City or Town Year first Appointed	City or Town Year first Appointed					
BOSTON 2002						
CHELSEA 2011						
SOMERVILLE 2012						
For new Constables only, Why do you seek app	ointment?					
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. Date 12/2/2013						

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Applicant Name	DEREK	MORRI	SON	000000		
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ATTORNEY RECO	OMMENDATI	ON (For nev	w Constables o	nly):		
I, being a member of a resident of the app that the applicant is each of the statement and reputation, and c	olicant's home of personally know ts on it to be tru	community over to me, the e, and that the	ofat I have review ne applicant is a	wed this app	do state u olication, a	ipon honoi ind believe
Signature			Print Name	ε ₁		
Business Address						
REPUTABLE CITI	ZENS RECOM	1MENDAT	ION (For new	Constables	only):	
We, the undersigned personally known to statements on it to reputation, competent	be true, and that	at the applic	ant is a person	by certify ation, and be not good	that the ap believe ea moral cha	oplicant is ch of the racter and
Signature	Name (Prin	nt)	Street Addre	SS	Occupati	ion
					Vanish and the second	
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POLICE CHIEF RE	COMMENDA	TION (For	all Constables)):		
I, the Chief of Police Constable and having the applicant and his recommend that this a	s, at the request s or her fitness	of the Mayo	or, investigated	the reputati	ion and ch	aracter of
0 1				Appr	coved	Denied
Signature Ma	rle 170	muy)		Date 2	-3-2	014