



**PREVIOUS ADDRESSES**

Number and Street

City/State

Length of Time

_____	_____	_____
_____	_____	_____
_____	_____	_____

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(FOR POLICE DEPARTMENT USE ONLY; DO NOT WRITE BELOW THIS LINE)

I have received the information submitted within this application and have found it to be:

Accurate \_\_\_\_\_ Inaccurate \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In addition, I have found supplemental background information on the applicant which is substantially related to circumstances of the licensee's activity and should be considered in the issuance of the requested license.

Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Based upon this information, I recommend that the license be: Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
David Groves, Chief of Police