



PREVIOUS ADDRESSES

Number and Street	City/State	Length of Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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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.

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

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

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