



**CHELSEA POLICE**

19 Park Street, Chelsea, MA. 02150

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Chief of Police  
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## APPLICATION FOR CANNING LICENSE

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Purpose for the Canning: \_\_\_\_\_

Dates and Times: \_\_\_\_\_

Locations for Canning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return completed form to: Chelsea Police Department  
19 Park Street  
Chelsea, MA 02150

Or send via fax to: (617) 466-4850

For Chelsea Police Department use ONLY

[ ] Approved: \_\_\_\_\_

[ ] Denied: \_\_\_\_\_