



Matthew K. Sonnabend, Chief of Police
Mark J. Cabral, Deputy Chief of Police
Jean B. Challies, Deputy Chief of Police

Town of Barnstable Police Department

1200 Phinney's Lane
Hyannis, MA 02601



Main Number: 508-775-0387
Main Fax: 508-790-4167
Administration: 508-775-0920
Admin. Fax: 508-790-6317
www.barnstablepolice.com

TAXI/LIMOUSINE LICENSE NEW OR RENEWAL

1. Please submit a letter of intent from your employer along with the application.
2. The processing of your application takes four (4) business days.
3. You can apply for a Taxi/Limousine License by US Mail, personal drop off, or Email:
 - Mail the application to Barnstable Police Department, Attn: Records, 1200 Phinney's Lane, Hyannis, MA 02601.
 - Deposit application in the mailbox in our front lobby – available 24/7.
 - Email the application to 779@barnstablepolice.com.
4. Once your application has been approved we will contact you and mail the license to the mailing address provided.
5. If approved, you will need a **certified check, money order, or cash** in the amount of **\$40**. Or you can make a credit card payment online at www.barnstablepolice.com. We do not accept personal checks.
6. If approved, your Taxi/Limousine License will be valid for one (1) year.
7. You must notify the Records Unit within five (5) days of any change of address.
8. You must notify the Records Unit within five (5) days **in writing** of any change of employment and provide the reason for the change.

Any questions, please call the Records Unit at 508-775-5466, Monday through Friday between the hours of 8:00AM and 4:00PM.



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APPLICATION FOR TAXI/LIMOUSINE LICENSE - FEE - \$40.00

Date of application: _____

Last Name First Middle Initial Date of Birth

Residential Address City State Zip Code Phone Number

Mailing Address (if different) City State Zip Code

Place of Birth (City, State or Country) Mother's Name Father's Name

Maiden Name or any Previous Names

Height Weight Eye Color Hair Social Security Number

MA Driver's License Number Expiration Date

To Be Employed by: Signature

Licensing Authority Use Only: Dispatch Call #: _____

SX _____ BOP check _____ IMC check _____ KQ check _____ Coplink _____

Approved _____ Denied _____ By: _____

Remarks: _____

Issued On: _____ Fee Paid _____