



Matthew K. Sonnabend, Chief of Police  
Jean B. Challies, Deputy Chief of Police  
Jennifer P. Ellis, 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](http://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](mailto: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](http://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 \_\_\_\_\_ CrimeTracer \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ By: \_\_\_\_\_

Remarks: \_\_\_\_\_

Issued On: \_\_\_\_\_ Fee Paid \_\_\_\_\_