



**Town of Barnstable
Regulatory Services
Licensing Division**

200 Main Street, Hyannis, MA 02601

www.town.barnstable.ma.us

Telephone: 508-862-4771 Fax: 508-778-2412

Regulatory Service Director
Richard Scali

Consumer Affairs Supervisor
Elizabeth G. Hartsgrove

Consumer Affairs
Officer
Therese Gallant

Administrative
Assistant
Margaret Flynn

PEDICAB OPERATORS AND CABS

TOWN OF BARNSTABLE FORMS	APPLICANT ITEMS
<ul style="list-style-type: none"> Town of Barnstable License Application Annual Inspection Form (per Cab) 	<ul style="list-style-type: none"> Certified Copy of driving Record State Driver's License CORI – filed through the Police Department Liability Insurance <small>(Cab Company)</small>

<u>Cab Fees</u>	Application	\$100.00	Hearing required:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Legal Ad	\$71.50	Advertise 10 days before:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	License	Per Cab \$100.00	Notify abutters:	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Operator Fee</u>	License	\$50.00					

**Please return all completed forms and applicant items to
Licensing Division, 200 Main Street, Hyannis**

**If you have any questions, please do not hesitate to contact our
office and we will be happy to assist.**

License Period:

Date:



Town of Barnstable

LICENSE APPLICATION

New Application

Renewal

Transfer

Amend

The undersigned hereby applies for a License to conduct business in the Town of Barnstable in accordance with the Statutes of the Commonwealth of Massachusetts and subject to the Ordinances of the License Authorities.

NO BUSINESS MAY OPERATE WITHOUT A VALID LICENSE ON THE PREMISES

Name of Applicant/Corporation: Business phone #

Address of Applicant/Corporation: Cell Phone #

Email Address: Federal ID # *last 4 digits only*

D/B/A: Map/Parcel #

Business Address: Village

Business Mailing Address: Property Owner

Name of Manager: Length of Lease

License Type: Manager's Email

Hours of Operation: Annual Seasonal

Entertainment: Yes No **TV's and Recorded Music is considered Non-Live Entertainment and requires a license**

If yes, the Entertainment License Application Form is required.

NOTICE: Any misstatement in this application or violation of the applicable town ordinances, bylaws or regulations shall be considered sufficient cause for refusal, suspension, or revocation of any and all licenses.

I warrant the truth of the forgoing statement under the penalty of perjury.

Signature of applicant:

For Town use only

<p>USE PERMITTED WITHIN THIS ZONE? YES NO</p> <p>Special Permit Granted YES NO <small>If yes, include with application</small></p> <p>Approved Floor Plan on File YES NO</p> <p>Occupancy _____</p> <p>Number of Units or Rooms _____</p> <p>Seating Capacity _____</p> <p>_____</p>	<p>Tax Collector R.E. Tax Paid Yes No</p> <p>G. Mgmt Approval Yes No Initials Date</p> <p>Building Approval Yes No Initials Date</p>	<p>Town Clerk Business Cert Filed Yes No</p> <p>Police Dept Approval Yes No Initials Date</p> <p>Health Approval Yes No Initials Date</p>	<p>Grease Trap Approval Yes No Initials Date</p> <p>Cons Com Approval Yes No Initials Date</p> <p>Fire District Approval Yes No Initials Date</p>
---	---	--	---

License Period:
20 _____

Town of Barnstable
PEDICAB INSPECTION



Name of Pedicab Company: _____

Cab Number: _____

	Pedicab Vehicle Requirement	Pass	Fail (Reason for Non-Compliance)
1.	Pedicab Vehicle Cab Number displayed		
2.	Unibody frame for entire vehicle		
3.	Operational steering		
4.	Adequate to above adequate three (3) or more wheels		
5.	Operational hydraulic, mechanical disc or drum brake system		
6.	Clean and appropriate seating for driver and passengers		
7.	Operational headlights		
8.	Operational taillights		
9.	Operational turn lights that can be seen from rear of pedicab		
10.	Appropriate color and additional exterior markings as required by the Pedicab Rules and Regulations		
11.	Reflectors on spokes of wheels and wheel covers		

Inspection Determination: Pass Fail

Examiner Signature: _____

Examiner Company Name: _____

Print Name: _____

Company Address: _____

Date: _____
