



**BOARD OF SELECTMEN
TOWN OF FOXBOROUGH
40 SOUTH STREET
FOXBOROUGH, MASSACHUSETTS 02035**

Andrew A. Gala, Jr., Town Manager

LICENSE FEE - \$20

Tele. 508-543-1219

Additional One Time Only Review Fee for New Licenses - \$25

Fax. 508-543-1235

HACKIE LICENSE APPLICATION
(Operator of a Taxicab/Livery/Limousine)
License is valid for 2 years from date of approval

Please Print

NEW() RENEWAL()

Full Name: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone # _____

Driver's License #: _____

Restriction: _____

Father's Name: _____

Father's Birthplace: _____

Mother's Maiden Name: _____

Mother's Birthplace: _____

Applicant's Date of Birth: _____ Height: _____

Weight: _____ Eyes: _____ Hair: _____

Cab Company(s): _____ Phone # _____

Address(es): _____

Owner(s): _____

1. Do you hold a valid Massachusetts License?
Yes _____ No _____ Expiration Date: _____
2. Has your right to operate ever been suspended or revoked in Massachusetts or in any other state? If yes, please explain: _____

3. Have you been convicted of any crime or adjudged a delinquent child in the past five years? If yes, please explain: _____

Police Officer Date Applicant Signature Date

4. Have you been treated within the last five years for:

Heart Disorder Yes _____ No _____

Epilepsy or Fainting Spells Yes _____ No _____

Alcoholism Yes _____ No _____

Drug Dependency Yes _____ No _____

Mental Illness Yes _____ No _____

Are you currently taking medication for a mental, nervous or physical disorder? If yes, please explain: _____

Social Security #: _____

I, the undersigned, hereby apply for a license to operate a taxi/livery/limousine in the Town of Foxborough and affirm that the statements contained are true and to the best of my knowledge and belief.

Police Officer

Applicant Signature

Date

Date

Hours: 8:30 AM to 4:00 PM - Monday through Thursday
8:30 AM to 12:30 PM - Fridays
5:00 PM to 8:00 PM - Tuesday evenings