

THE COMMONWEALTH OF MASSACHUSETTS

OF

APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE
OR ASSEMBLE SECOND HAND MOTOR VEHICLES
OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a
class license, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with
the provisions of Chapter 140 of the General Laws.

1. What is the name of the concern? . Asbury BMB, LLC d/b/a Herb Chambers Certified
Preowned Medford

Business address of concern. No. 60 Mystic Avenue,St.,
Medford, MA City — Town.

2. Is the above concern an individual, co-partnership, an association or a corporation?
Limited Liability Company (LLC)

3. If an individual, state full name and residential address.
N/A

4. If a co-partnership, state full names and residential addresses of the persons composing it.
Member-managed LLC - See Secretary of State Business Entity Summary attached hereto.
.....
.....
.....

5. If an association or a corporation, state full names and residential addresses of the principal officers.

President See above.

Secretary See above.

Treasurer See above.

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? . Yes. .

If so, is your principal business the sale of new motor vehicles? . No.

Is your principal business the buying and selling of second hand motor vehicles? . Yes (repair facility).

Is your principal business that of a motor vehicle junk dealer? . Yes.

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

All buildings and parking at 60 Mystic Avenue, Certified preowned dealership, repair facility/service center, administrative offices, and parking lot.

8. Are you a recognized agent of a motor vehicle manufacturer? Manufacturer approval pending.
(Yes or No)

If so, state name of manufacturer BMW

9. Have you a signed contract as required by Section 58, Class 1? Pending and will be provided in due course.
(Yes or No)

10. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? No.
(Yes or No)

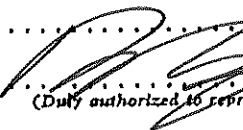
If so, in what city — town N/A

Did you receive a license? N/A For what year? N/A
(Yes or No)

11. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? No.
(Yes or No)

Looking to effectuate transfer of licenses held by Herb Chambers BMW Certified - Nos. 25-1 and 25-307.
Copies of licenses appended hereto.

Sign your name in full.

 - counsel for ArentFox Schiff, LLP
(Duly authorized to represent the concern herein mentioned)

Residence ArentFox Schiff, LLP, 800 Boylston Street, 32nd Floor, Boston, MA 02199

IMPORTANT

EVERY QUESTION MUST BE ANSWERED WITH
FULL INFORMATION, AND FALSE STATEMENTS
HEREIN MAY RESULT IN THE REJECTION OF
YOUR APPLICATION OR THE SUBSEQUENT
REVOCATION OF YOUR LICENSE IF ISSUED.

NOTE: If the applicant has not held a license in the year prior to this application, he must file a duplicate of the application with the registrar. (See Sec. 59)

MASSACHUSETTS USED CAR DEALER'S BOND

KNOW ALL MEN BY THESE PRESENTS, that we,

Asbury BMB, LLC dba BMW Certified PreOwnedof 60 Mystic Avenue, Medford, MA 02155
as Principal, andFidelity and Deposit Company of Maryland1299 Zurich Way, 10th Floor, Schaumburg, IL 60196-1056

authorized to do business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto

Commonwealth of Massachusetts, Registry of Motor Vehicles

as Obligor, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of

Ten Thousand Dollars and 00/100(\$ 10,000.00), for which payment, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assignees, jointly and severally, firmly by these presents.

Whereas the said Principal is a Dealer having an established place of business at

60 Mystic Avenue, Medford, MA 02155

in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58.

Now, therefore, the condition of this obligation is such that if the said Principal shall faithfully observe the provisions of Chapter 140, Section 58, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

The Foregoing Agreement is Subject to the Following Conditions and Limitations:

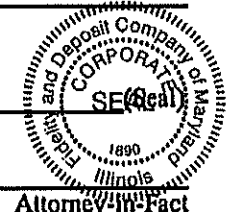
- Section 1. Recovery Against this bond may be made by any natural person who obtains a final judgment in court against the dealer for an act or omission on which the bond is conditioned if the act or omission occurred during the term of the bond. No suit may be maintained to enforce any liability on the bond unless brought within one year after the event giving rise to the cause of action.
- Section 2. Notice of any suit under this bond must be made in writing to the Obligor (written acknowledgement of receipt of said notice by the Obligor to be prima facie evidence of compliance with this requirement of notice).
- Section 3. The Surety may cancel said bond by giving thirty (30) days notice in writing by U.S. First Class mail to the Obligor and this bond shall be deemed cancelled.

Effective this 5th day of June, 2025.

Witness

Yvonne YorkAsbury BMB, LLC dba BMW Certified PreOwned (Seal)By [Signature]
Principal

Witness

Emma J. Bryant
Emma J. BryantFidelity and Deposit Company of MarylandBy [Signature]
Surety Ryan Norman

Attorney-in-Fact

Bond No. 09428323

Obligee: Commonwealth of Massachusetts, Registry of Motor Vehicles

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Christopher Nolan, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Ryan Norman, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York, the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland, and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland, in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 7th day of February, A.D. 2025.



ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Christopher Nolan
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 7th day of February, A.D. 2025, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Christopher Nolan, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Genevieve M. Mason
Notary Public
My Commission Expires January 27, 2029



Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies,
this 5th day of June, 2025.



MJ Pethick

Mary Jean Pethick
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
reportsclaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790



CERTIFICATE OF LIABILITY INSURANCE

3/1/2026

DATE (MM/DD/YYYY)

4/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 3280 Peachtree Rd. NE, Ste. 1000 Atlanta GA 30305 (404) 460-3600	CONTACT NAME:	FAX (A/C, No):	
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:	
INSURED 1496428 Asbury Automotive Group, Inc. 2905 Premiere Parkway Suite 300 Duluth GA 30097	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Arch Insurance Company		11150
	INSURER B: Arch Indemnity Insurance Company		30830
	INSURER C: Ascot Insurance Company		23752
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 19391494**REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	31GPP1106700	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 25,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Garage Liab <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	31CAB1106700	3/1/2025	3/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX Comp/Collision \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	N	N	31UFP1106700	3/1/2025	3/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	34WCI1106700	3/1/2025	3/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Garage Keeper Liability	N	N	31CAB1106700	3/1/2025	3/1/2026	\$1,000,000 limit
C	Excess Liability			EXNA 2510000919-01	3/1/2025	3/1/2026	\$5,000,000 occurrence \$5,000,000 aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

CERTIFICATE HOLDER**CANCELLATION**

19391494
Evidence of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Asbury BMB, LLC dba BMW Certified PreOwned

Address: 60 Mystic Ave.,

City/State/Zip: Medford, MA 02155

Phone #: [REDACTED]

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 15 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other Car Dealership

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Arch Insurance Company

Insurer's Address: 210 Hudson Street Suite 600

City/State/Zip: Jersey City NJ 07311

Policy # or Self-ins. Lic. # 3WCI1106700

Expiration Date: 03/01/2026

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Gregory A. Wiley

Digitally signed by Gregory A. Wiley

Date: 2025.04.25 11:27:32 -04'00'

Date: 04/25/2025

Phone #: [REDACTED]

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

1. ☐ Board of Health
2. ☐ Building Department
3. ☐ City/Town Clerk
4. ☐ Licensing Board
5. ☐ Selectmen's Office
6. ☐ Other _____

Contact Person: _____ Phone #: _____



ADAM L. HURTUBISE
City Clerk
ahurtubise@medford-ma.gov

City of Medford

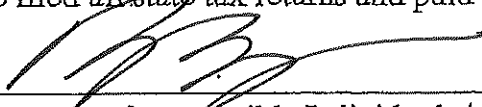
OFFICE OF THE CITY CLERK

City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2424
FAX: (781) 391-1895
TDD: (781) 393-2516

Date 5/21/2025

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.




*Signature of responsible Individual / Corporate Officer

Devon C. Bodey - Counsel for Asbury BMB, LLC

Print Name

ArentFox Schiff, LLP, 800 Boylston Street, 32nd Floor, Boston, MA 02199

Home Address


** Social Security # or
Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number and / or FID Number will be forwarded to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G. L. c. 62C s. 49A.



ADAM L. HURTUBISE
City Clerk
ahurtubise@medford-ma.gov

City of Medford

OFFICE OF THE CITY CLERK

City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2424
FAX: (781) 391-1895
TDD: (781) 393-2516

CITY OF MEDFORD TRAFFIC IMPACT REPORT

To: The Honorable, the City Council

DATE 6/6/25

The following is a Traffic Impact Report on a Class II - Motor Vehicle Dealer

LICENSE application of Asbury BMB, LLC d/b/a Herb Chambers Certified Preowned Medford

located at 60 Mystic Avenue, Medford, MA 02155

No traffic impact anticipated

Signed:


MEDFORD Chief of Police



ADAM L. HURTUBISE
City Clerk
ahurtubise@medford-ma.gov

City of Medford
OFFICE OF THE CITY CLERK

City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

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FAX: (781) 391-1895
TDD: (781) 393-2516

CITY OF MEDFORD
MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE 6/3/25

TO: TREASURER/COLLECTOR

AN APPLICATION FOR A Class II - Motor Vehicle Dealer LICENSE, HAS BEEN
RECEIVED, TO BE LOCATED AT 60 Mystic Avenue, Medford, MA 02155

Herbert Chambers

PREVIOUS LICENSE HOLDER

Asbury BMB, LLC d/b/a Herb Chambers Certified Preowned Medford

PRESENT APPLICANT BUSINESS NAME

TELEPHONE NO. (617) 731-8100

PLEASE INDICATE ON THIS FORM, IF THERE ARE ANY OUTSTANDING
TAXES DUE ON THE PROPERTY.

YES IF YES, LIST AMOUNT.

NO ✓

Quintin M. Gherard
TREASURER/COLLECTOR



ADAM L. HURTUBISE
City Clerk
ahurtubise@medford-ma.gov

City of Medford

OFFICE OF THE CITY CLERK

City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2424
FAX: (781) 391-1895
TDD: (781) 393-2516

DATE 6/3/25

TO: THE BUILDING COMMISSIONER

A PETITION HAS BEEN FILED BY Asbury BMB, LLC d/b/a Herb Chambers Certified Preowned
Medford

FOR Class II - Motor Vehicle Dealer License
(TYPE OF LICENSE)

TO BE LOCATED AT 60 Mystic Avenue, Medford, MA 02155

TELEPHONE NO. (617) 731-8100

REPORT OF THE BUILDING COMMISSIONER

DOES THIS PROPERTY CONFORM TO ZONING REGULATIONS?

YES

BUILDING COMMISSIONER