

**STATE OF WISCONSIN  
Department of Financial Institutions**



Division of Banking  
PO Box 7876  
Madison, WI 53707-7876  
Telephone: (608) 261-7578  
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[dfi.wi.gov](http://dfi.wi.gov)

**MOVE MAIN OFFICE  
APPLICATION**

<b>APPLICANT INFORMATION</b>			
Name of Bank:			Date of Application:
Address <i>(include mailing address if different)</i> :			Telephone Number:
City:	State:	Zip:	Fax Number:

Name/Title/Affiliation of Person Responsible For Responding To Questions Relating to The Application:			
Mailing Address:			Telephone Number:
City:	State:	Zip:	Fax Number:

**GENERAL INFORMATION**

**APPLICATION FORM:** Print or type the requested information in the spaces provided. An original and one copy of the completed application are to be forwarded to the Division at the above address. An approved copy will be returned for the Applicant's file. Schedules or inserts may be attached to this application whenever the space provided is insufficient. Attached schedules or inserts are a part of the application. **If the bank will be moving to a different location than what is stated on the Bank's Articles of Incorporation, an Amendment to the Articles of Incorporation will also have to be filed.**

**QUESTIONS:** Questions regarding the application can be directed to 608-266-0446.

**FEE:** None

**PUBLIC INFORMATION:** This application is a public record and is available to the public upon request. Personally identifiable information may be shared with other State or Government Agencies.

**CONFIDENTIAL INFORMATION:** Information derived from an examination by any bank regulatory agency and personally identifiable information, such as found on financial statement and/or biographical information forms, is considered CONFIDENTIAL. Although the Applicant can request CONFIDENTIAL treatment of other information, such as information relating to trade secrets, CONFIDENTIALITY of such information cannot be guaranteed. Information for which CONFIDENTIAL treatment is requested should be specifically identified in the public portion of the application by referencing the CONFIDENTIAL section and should be separately bound and labeled CONFIDENTIAL. A justification as to why the information is considered CONFIDENTIAL should also be provided.

**PUBLICATION REQUIREMENT:** None

**INFORMATION ON NEW LOCATION**

Proposed Location - Street Address:

City:

State:

Zip:

Proposed Effective Date

Is this a relocation to a branch Office?  
(If no complete Disposition of Main Office below.)Yes  No If yes, will current main office become a branch?  
(If no complete Disposition of Main Office below.)Yes  No **FIXED ASSET EXPENDITURES**

Provide a brief physical description of the new location:

Land Cost:

Building Cost:

Furniture &amp; Equipment Cost:

Total Fixed Asset Cost:

If temporary quarters are anticipated, discuss the cost, location, and length of time before the bank expects to move to the permanent location.

If any architects, real estate agents, sellers or lessors of land, buildings or equipment listed herein, are directly or indirectly associated with the Applicant, provide details and include comparables covering the insider transactions.

If new location is to be leased, provide a copy of the lease and summarize the expected annual (or monthly) obligation under the lease.

Discuss any plans the Bank might have to finance the construction of the new facility or other fixed assets.

**DISPOSITION OF CURRENT MAIN OFFICE**

If owned, indicate name(s) of prospective buyer(s) and estimated sale price. If leased provide details regarding termination of such lease and abandonment costs which will have to be absorbed on any leasehold improvements.

If insiders are involved, provide names, relationships, particulars of the transaction(s) and supporting documentation.

Discuss disposition of any other assets in connection with the proposal and resultant reduction in carrying value.

**ADEQUACY OF CAPITAL STRUCTURE**

Discuss any plans, other than through retained earnings, to increase the capital structure of the Bank.

**APPLICANT ACTION****BOARD RESOLUTION:**

*(Attach copy of actual resolution or complete resolution in format provided below.)*

The Board of Directors of the Bank, at a meeting held on \_\_\_\_\_, adopted the following  
*(Date)*

Resolution:

Be it resolved that \_\_\_\_\_ of this Bank is hereby authorized  
*(Name and Title of Designated Officer)*

and directed to make Application on behalf of this Bank to the Division of Banking to move the main office to

\_\_\_\_\_ and to  
*(Street Address) (City) (County)*

provide such assurances as may be required for the purpose of inducing the Division of Banking to grant written consent to move the main office as indicated in this Resolution.

The above Resolution has not been rescinded or modified and has been duly entered in the minute book of the Bank. Application is hereby made.

\_\_\_\_\_  
 Signature of Designated Officer/Title

\_\_\_\_\_  
 Date

**DIVISION ACTION**

Date Application Filed:

Application Approved:

Date Approved/Denied:

Yes  No

\_\_\_\_\_  
 Administrator  
 Division of Banking

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.