

STATE OF WISCONSIN
Department of Financial Institutions



Division of Banking
PO Box 7876
Madison, WI 53707-7876
Telephone: (608) 261-7578
Fax: (608) 267-6889
TTY: 711
dfi.wi.gov

BRANCH APPLICATION

APPLICANT INFORMATION			
Name of Bank:			Date of Application:
Address (include mailing address if different):			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. **A copy of the federal regulatory application should also be provided to the Division.**
- QUESTIONS:** Questions regarding the application can be directed to 608-266-0446.
- FEE:** The application is to be accompanied by the Applicant's check in the amount of \$1,000 payable to the Department of Financial Institutions.
- 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

BRANCH INFORMATION			
Proposed Location - Street Address:			
City:	State:	Zip:	Proposed Opening Date:
Name of Proposed Branch Manager:			Title:
Is this a branch relocation? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, indicate address of branch to be closed:	

FIXED ASSET EXPENDITURES			
Provide a brief physical description of the permanent quarters:			
Land Cost:	Building or Leasehold Improvement Cost:	Furniture & Equipment Cost:	Total Fixed Asset Cost:
If temporary quarters are anticipated, discuss the cost, location, and length of time before the branch expects to move to the permanent facility.			
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 temporary or permanent quarters are 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 temporary or permanent quarters or other fixed assets.			

GROWTH EXPECTATION
Discuss the growth projections of the branch office and/or the overall growth expected at the Bank level over the next three years. If available, include a pro-forma financial statement.

ADEQUACY OF CAPITAL STRUCTURE

Discuss any plans, other than through retained earnings, to increase the capital structure of the Bank based on the growth expectations discussed previously.

APPLICANT ACTION

BOARD RESOLUTION:

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

The Board of Directors of the Applicant Bank, at a meeting held on _____, adopted the following Resolution:

(Date)

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 establish a branch at

_____ and to

(Street Address)

(City)

(County)

(State)

provide such assurances as may be required for the purpose of inducing the Division of Banking to grant written consent to the establishment of a branch 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 Applicant 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