

**APPLICATION FOR A MOBILE BRANCH BANK**  
submitted to the  
**ARKANSAS STATE BANK DEPARTMENT**

**By**

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Corporate Title of Applicant

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Street Address

Charter Number

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City

County

State

Zip Code

(hereinafter referred to as "**Applicant**")

hereby applies to the State Bank Commissioner for written consent for the establishment and maintenance of a mobile branch bank to be operated in:

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County

State

Address of Applicant's main office or a full service branch currently servicing the county in which the mobile branch will operate:

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Street Address

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City

County

State

Zip Code

Will the mobile branch be operated under a different trade name than the corporate title of Applicant?

Yes  No

If the answer is Yes, then please provide the proposed trade name of the branch and complete the enclosed Application for Fictitious Name. Please remain aware of the Interagency Statement on Branch Names, dated May 1, 1998, which details federal guidelines for depository institutions operating branches under different trade names.

Name, title, address, and telephone number of person(s) to whom inquiries concerning this application may be directed:

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I hereby certify that the bank's board of directors has authorized the filing of this application and that to the best of my knowledge, it contains no misrepresentations or omissions of material facts.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

## AUTHORITY

A bank may establish one or more "full service branch" banks pursuant to the provisions of A.C.A. § 23-48-703 and Arkansas State Bank Department Rules and Regulations § 48-703.1 and § 48-703.2. In accordance with A.C.A. § 23-48-701, "full service branch" includes a mobile facility that:

- a) Conducts banking business within the same county as the main office or another full service branch of the bank;
- b) Does not have a single permanent site;
- c) Does not remain within five (5) miles of any banking location for more than two (2) business days;
- d) Travels to various locations within the county to enable customers to conduct banking business; and
- e) Maintains a log of operations indicating the date and specific location of each stop.

## FICTITIOUS NAME

Pursuant to A.C.A. § 23-48-309 – Names of state banks and subsidiary trust companies; "No state bank or subsidiary trust company shall conduct any business in this state under a fictitious name unless it first files with the Commissioner a form supplied or approved by the Commissioner giving the following information:

- a) The fictitious name under which business is being or will be conducted by the applicant corporation;
- b) A brief statement of the character of business to be conducted under the fictitious name;
- c) The corporate name, state of incorporation, and location (giving city and street address) of the registered office in the state of the applicant corporation."

If it is Applicant's intention to use a fictitious name, a separate "Application for Fictitious Name" must be completed.

See Attachment – **Application for Fictitious Name**

## PROCEDURES

**An application received by the State Bank Department (hereinafter "Department") will be reviewed for legality and receipt of all requested documentation prior to filing. Applicant will be notified in writing of the filing of the application.**

### **In accordance with Arkansas State Bank Department Regulation § 48-703.1 and § 48-703.2:**

**Fee:** Applicant shall submit to the Department a non-refundable filing fee of \$300 for the establishment of a mobile branch in each specific county.

**Notice Published by Applicant:** Notice of intent to file an application must appear in a newspaper of statewide circulation one (1) time per week for four (4) consecutive weeks prior to filing the application with the Commissioner. The application may not be filed with the Commissioner less than thirty (30) days from the date of the first publication, and not more than twenty (20) days after the fourth and final publication. A proof of publication must be submitted to the Commissioner. The publication should list the county in which the bank proposes to establish a mobile branch.

Applicant should contact its appropriate Federal regulator for publication requirements for a mobile branch application.

**Notice by Commissioner:** In accordance with § 48-703.1(d), the Commissioner shall give notice of the application to Arkansas state-chartered banks with a bank or a full service branch currently open and operating within the market area of the proposed new branch.

**Additional Information:** A separate mobile branch application must be filed for **each county** in which Applicant is legally authorized to operate a mobile branch and desires to file an application to operate a mobile branch.

**Closing Notification:** A bank must file a branch closing notice in accordance with A.C.A. § 23-48-705 whenever it proposes to cease all operations of an approved mobile branch in an entire county.

**Protest:** Pursuant to Arkansas State Bank Department Regulation § 48-703.3, a written protest to a full-service branch application may be filed with the Commissioner within fifteen (15) days of the filing of the application. The protest shall be filed in accordance with A.C.A. § 23-48-703(e).

**Written Decision:** Pursuant to A.C.A. § 23-48-703(g)(2), the Bank Commissioner's decision on a branch bank application will be in the form of an order consisting of findings of fact and conclusions of law given by the Commissioner within a reasonable time period **following the expiration of the fifteen (15) calendar day formal protest period.**

**Appeal of Decision:** Pursuant to A.C.A. § 23-48-703(h), within thirty (30) days after the Commissioner issues an order accepting or rejecting a full-service branch application, an Applicant or a party that filed a protest to the full-service branch application may appeal the Commissioner's order to the circuit court of the county where the full-service branch will be established.

**SUPPORTING INFORMATION/DOCUMENTATION**

Applicant must submit the following information and/or documentation in support of the application to establish a mobile branch. The Bank Department may also request, on a case-by-case basis, any additional information as needed to process an application. Please number responses to correspond with the following:

1) Arkansas Bank Department Rules and Regulations require publication in a newspaper of statewide circulation. Notice of intent to file an application must appear in a newspaper of statewide circulation one (1) time per week for four (4) consecutive weeks prior to filing the application with the Commissioner. A proof of publication must be submitted to the Commissioner. The publication should list the county in which the bank proposes to establish a mobile branch.

Applicant should contact its appropriate Federal regulator for publication requirements for a mobile branch application.

See Attachment - **Legal Notices**

2) Provide a brief physical description of the mobile facility:

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Will the mobile facility be:    Owned        Leased   

Total cost, including equipment, furniture, fixtures, vault, etc. or monthly rental (specify) \_\_\_\_\_

Will the establishment of the proposed branch and the total of all outstanding projects approved by the Bank Commissioner and in process, cause Applicant to exceed one hundred and fifty percent (150%) of the bank's capital base as allowable in A.C.A. § 23-47-103(c)?

Yes    or    No

If **yes**, please contact the Bank Department.

Provide the details, if any, regarding the ownership, leasehold interest or rental arrangement of the real estate or property to be utilized while the mobile branch is in service:

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3) Does the establishment of the proposed branch concern any involvement, directly or indirectly, by an insider (executive officers, directors, or shareholders who directly or indirectly control five (5) percent or more of any class of outstanding voting stock) of the bank or bank holding company (if applicable) or their immediate family or related interests?

Yes    or    No

If *yes*, please provide the following information regarding any financial arrangements relating to fees, the acquisition of property, leasing of property, and construction contracts:

- a) name of individual or related interest and relationship to Applicant; and
  - b) information to reflect that terms and conditions are not more favorable, for seller/lessor, than would be available in a comparable transaction with an unrelated party (information should include the fair market value or appraised value of any property, fixtures, equipment, etc., to be acquired and comparative sales information). The appraisal or evaluation submitted must be prepared by an independent party.
- 4) Provide the following:
- a) the date of the most recent Community Reinvestment Act (CRA) examination;
  - b) identify the federal or state regulatory agency that performed the examination; and
  - c) the CRA rating assigned. If Applicant did not receive a satisfactory or better rating at its most recent CRA examination, Applicant is not permitted to file an expedited branch application, a standard branch application must be completed.
- 5) Comment on any changes in services to be offered, the community to be served, or any other effect the proposal may have on compliance with the Community Reinvestment Act.
- 6) Utilize the most recent Call Report to answer the following three questions:
- |   |           |
|---|-----------|
| (a) Is Applicant's Total capital ratio above 10%?                 | Yes or No |
| (b) Is Applicant's Tier 1 capital ratio above 8%?                 | Yes or No |
| (c) Is Applicant's Common equity Tier 1 capital ratio above 6.5%? | Yes or No |
| (d) Is Applicant's Tier 1 leverage ratio above 5%?                | Yes or No |
- If no, to (a), (b) or (c), the transaction does **NOT** qualify for expedited treatment, Applicant must complete a Standard branch application.*
- 7) Identify where the mobile branch will be held when not in use.
- 8) State the anticipated date the proposed mobile branch would be placed in operation.

**LEGAL NOTICE**  
**(for the Arkansas State Bank Department)**

Notice is hereby given that *(name and location of applicant)* has made application to the Arkansas State Bank Department for the establishment of a full service mobile branch to be operated in *(county, state)*.

Any person desiring to comment on this application to the Arkansas State Bank Department may do so by filing his or her comments in writing to the State Bank Commissioner at the office of the department, 400 Hardin Road, Suite 100, Little Rock, Arkansas 72211. Written comments, including any formal protests, concerning this application must be received in the Arkansas State Bank Department no later than 15 days following the date of the actual filing of the application.

This notice is published pursuant to The Arkansas Banking Code of 1997, as amended.

# State of Arkansas

## ARKANSAS STATE BANK DEPARTMENT APPLICATION FOR FICTITIOUS NAME

To: Candace A. Franks  
Bank Commissioner  
Arkansas State Bank Department  
400 Hardin Road, Suite 100  
Little Rock, Arkansas 72211-3502

Pursuant to the provisions of The Arkansas Banking Code of 1997, the undersigned applicant hereby applies for the use of a fictitious name and submits herewith the following statements:

1. The name of the applicant and its date of qualification in Arkansas:

\_\_\_\_\_

2. The home state of applicant:

\_\_\_\_\_

3. The fictitious name under which business is being or will be conducted by the applicant entity:

\_\_\_\_\_

4. The location (street address and city) of the office where the fictitious name will be used:

Street \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

5. The character of the business to be conducted under such fictitious name is:

\_\_\_\_\_

6. The location (street address and city) of the registered office of applicant in Arkansas is:

Street \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_  
Chairman of the Board, President or other officers (If directors have not been selected, the incorporator may execute)

Address: \_\_\_\_\_



**INSTRUCTIONS:**

Prepare this form in duplicate and send to the Arkansas State Bank Department, Little Rock, Arkansas. The duplicate bearing the file marks of the Commissioner will be returned to the state bank, registered out-of-state bank or subsidiary trust company. A.C.A. § 23-48-309

Fee: \$25.00