



# Office of the State Bank Commissioner

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## Application to Establish a Mobile Branch or Bank-Owned Courier Service

### Mark the box that applies:

- Mobile Branch (K.S.A. 9-1111); Out-of-State (K.S.A. 9-1111 and Special Order 1997-2)  
 Bank Owned Courier Service (K.S.A. 9-1111); Out-of-State (K.S.A. 9-1111 and Special Order 1997-2)

**Mobile Branch** – A mobile banking unit that stops at predetermined public locations to conduct branching activities, defined as activities or items related to the receipt of deposits, payment of checks, lending of money or exercise of trust authority.

**Courier Service** – Any service offered by a state bank to its customers to pick up from and/or deliver to specific customers, items related to transactions between the bank and those customers.

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(Name of Bank)

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(Current Street Address and Mailing Address of Main Office)

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(City, County, State, Zip Code)

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(Name, Telephone Number and E-mail Address of Person to Contact Regarding Application)

An original application and the applicable filing fee should be submitted to:

Office of the State Bank Commissioner  
700 SW Jackson Street, Suite 300  
Topeka, Kansas 66603-3796

**Application Filing Fee** - Remittance of a filing fee of \$750 is required pursuant to K.S.A. 9-1726. The cost of on-site examinations or investigations in connection with this application will be the responsibility of the applicant.

The application is available to members of the public, subject to limitations imposed by federal or state statutes. If the applicant is of the opinion that disclosure of commercial or financial information would likely result in substantial harm to the competitive position of the bank, or that disclosure of information of a personal nature would result in a clearly unwarranted invasion of personal privacy, confidential treatment of such information may be requested. Information for which confidential treatment is requested should be (1) specifically identified in the public portion of the application (by reference to the confidential section), (2) separately bound, and (3) labeled "Confidential."

Please submit the following information with regard to the proposed mobile branch or bank owned courier service. Separate pages should be attached, where necessary. The State Bank Commissioner may request additional information, if deemed necessary.

1. Describe the services the bank proposes to offer through the mobile branch or bank owned courier service.
2. Describe the geographic area to be served. For a mobile branch, include a description of locations and the proposed schedule to be established. For a bank owned courier service, include a general description of the locations to be served by the courier service.
3. Describe the physical assets to be acquired to operate the mobile branch or bank owned courier service. Include a statement as to whether the proposed fixed asset costs will comply with applicable statutory limits. If additional costs when added to current fixed assets, equal more than 50% of the bank's capital accounts as defined, a letter requesting permission to exceed the 50% limit must be submitted to the State Bank Commissioner. The letter should also explain how compliance with K.S.A. 9-1102(e) will be achieved.
4. Describe any additions and/or changes in staff and management for the proposed mobile branch or bank owned courier service.
5. Describe how the proposed mobile branch or bank owned courier service will be useful and the chances for success, including the impact the mobile branch or bank owned courier service will have on the overall condition of the bank.
6. Provide a copy of the mobile branch or bank owned courier service operating procedures.
7. Provide proof of adequate insurance and/or bonding coverage for the level of risk involved with the mobile branch or bank owned courier service.
8. Provide a copy of the application made to the bank's primary Federal regulator.
9. Include proof of publication, regarding the notice of application. A sample notice is available at <http://www.osbckansas.org/banking/applications.html>.
10. Provide any additional information or comments, not requested in the above items, if it is deemed pertinent to support the need for the proposed mobile branch or bank owned courier service.

Questions should be directed to:  
Taylor Stos, Applications and Statistics Manager  
Office of the State Bank Commissioner  
700 SW Jackson Street, Suite 300  
Topeka, Kansas 66603-3714  
(785) 296-4856 FAX(785) 296-6037

In support of this application, applicant has hereby made the aforementioned statements and representations, and submits this information, based upon the factors as outlined for the purpose of inducing the State Bank Commissioner of the State of Kansas to approve the application for the previously listed Kansas bank.

Applicant hereby authorizes the State Bank Commissioner of the State of Kansas to conduct any investigation, examination or review of the condition of the applicant bank and to provide any other material as requested by the State Bank Commissioner.

ATTESTATION

Applicant affirms that the information contained in this application has been prepared at the direction of the Board of Directors and that it is accurate and complete to the Applicant's best knowledge and belief.

\_\_\_\_\_  
(Applicant)

By \_\_\_\_\_  
(Authorized Officer)

\_\_\_\_\_  
Title

ATTEST:

\_\_\_\_\_  
(Corporate Secretary)