

Ontario Energy
Board
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Commission de l'énergie
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SEP 12 2014

ONTARIO ENERGY BOARD



Application for an Electricity Generation Licence Feed-in Tariff Program

For Office Use Only	
Application Number	EB - 2014-0294
Date Received	Sept. 12/14

1. Name to Appear on Licence

Legal name of the Applicant purEnergy Inc.

Name to Appear on Licence: purEnergy Inc. "Kawartha Biogas"

☐ Indicate if same as above

Please note that if the name to appear on the licence is not the same as the legal name, the name on the licence must include the legal name of the applicant and the legal name must appear first. The "Name to Appear on Licence" will appear on the notice of application and on the licence.

2. Feed-in Tariff Program Contract and Notice to Proceed

Provide details regarding FIT contract with the OPA and Notice to Proceed

FIT Reference #: FIT - F-000686-BIG-130-203

Contract Date: May 5, 2010

Date Notice to Proceed was received: 29-Nov-13

**Note: Your application cannot be processed until the OPA issues a Notice to Proceed for your project.
Please submit a copy of the Notice to Proceed with your application.**

3. Applicant's Business Information

☐ Sole Proprietor

☐ Partnership

☒ Corporation

☐ Other (describe) _____

Date of Formation: 19-Sep-08

Contact Address (if RR, give Lot, Concession No. and Township)

200 Division Street; PO Box 880

City

Cobourg

Province/State

ON

Country

Canada

Postal/Zip Code

K9A 4S3

Phone Number

716 238 3534

Fax Number

E-mail Address

gerhard.klammer@pureenergyinc.com

4. Key Individuals

The individuals listed as key individuals must be the individuals that are responsible for executing the following functions for the applicant: matters related to regulatory requirements and conduct, financial matters, and technical matters. These key individuals may include the Chief Executive Officer, the Chief Financial Officer, other officers, directors, or proprietors. Identify at least two key individuals. (If the applicant has only one key individual in the organization, identify the one key individual.)

Name of Key Individual	Title/Position within Applicant's Business (or identify company if not the Applicant's Business)
David van Alstyne	VP & Treasurer
Abe Dyck	President
Gerhard Klammer	Co-Owner

5. Licence Primary Contact

(As a condition of the licence, the licensee shall designate a person who will act as a primary contact with the Board on matters related to the licence.)

Mr. <input checked="" type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	Dyck	Abe	
Other <input type="radio"/>		Position Held and Company Name if different from Name to Appear on Licence		
		President		
Contact Address (if RR, give Lot, Concession No. and Township), or indicate as above in section 3 <input type="checkbox"/>				
16 Industrial Parkway South				
City	Province/State	Country	Postal/Zip Code	
Aurora	ON	Canada	L4G 0R4	
Phone Number	Fax Number	E-mail Address		
647 725 3744	647 725 3745	adyck@cleantechonomics.com		

6. Primary Contact for this Application

☐ Indicate if same as in section 3. Proceed to section 7.

Mr. <input checked="" type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	Klammer	Gerhard	
Other <input type="radio"/>		Position Held and Company Name if different from Name to Appear on Licence		
		Co-Owner		
Contact Address (if RR, give Lot, Concession No. and Township), or indicate if same as above <input type="checkbox"/>				
1160 Ashland Drive				
City	Province/State	Country	Postal/Zip Code	
Cobourg	ON	Canada	K9A 5S2	
Phone Number	Fax Number	E-mail Address		
716 238 3534		gerhard.klammer@pureenergyinc.com		

7. Generation Facilities

a) Describe the generation facility by providing the following information. If the applicant has more than one facility, provide the information on additional facilities as an attachment.

Generation Type: ☒ Biogas ☐ Biogas (On-Farm) ☐ Landfill Gas
☐ Renewable Bio-Mass ☐ Solar PV (Rooftop) ☐ Solar PV (Ground Mount)
☐ Wind (Off-Shore) ☐ Wind (On-Shore) ☐ Waterpower

Gross Nameplate Capacity 9,800 ☒ kW ☐ MW

Expected Commercial Operation Date 2-Nov-15

Facility Name and Address Kawartha Biogas

6830 Highway 7, Lot 6, Concession 6; Havelock-Belmont-Methuen Township, ON, Canada

b) Does/will the applicant own and operate any of the following (check any that apply):

i) A distribution line that is used to distribute electricity within a generation facility described in section 7a) or from that facility to the distribution system of a Local Distribution Company?

☒ Yes, provide length of the distribution line in kilometres 0.35

☐ No

ii) A transmission line that is used to distribute electricity within a generation facility described in section 7a) or from that facility to the IESO-Controlled Grid?

☐ Yes, provide length of the transmission line in kilometres _____

☒ No

iii) A transformer station or distribution station that is used to transform the voltage of electricity at a generation facility described in section 7a), on a transmission line or on the distribution system of a Local Distribution Company?

☒ Yes

☐ No

c) Responsibilities of Applicant:

☒ Owner and Operator

☐ Operator (Please identify if you are leasing the facility and identify owner _____)

☐ Owner only (Please identify lessee/operator _____)

If you are applying for only one of the two qualifications, please provide information on the status of the other qualification. The information should include confirmation as to whether or not the person or entity seeking the other qualification is licensed and if not, indicate when an application for the other qualification will be filed with the Board: _____