

Ontario Energy
Board
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MAY 27 2015

ONTARIO ENERGY BOARD



Application for an Electricity Retailer Licence

For Office Use Only	
Application Number	EB - 2015-0193
Date Received	May 27/15

1. The Applicant

Legal Name of the Applicant : Toromont Energy Ltd.

Name to Appear on Licence: Toromont Energy Ltd.



Indicate if the name to appear on the licence is the same as the legal name.

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.

Business Classification:

☐ Sole Proprietor

☐ Partnership

☒ Corporation

☐ Other (describe) _____

Date of formation or incorporation: August 29, 2003

Place of formation or incorporation: 3131 Highway 7 West, Concord

Province/state Ontario

Country Canada

If the applicant is an individual, the applicant must be at least 18 years old.

If the applicant is an individual, is he or she at least 18 years old?

☐ Yes

☐ No

☒ Not applicable - not an individual

2. Licence Primary Contact

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

Mr. ☒	Mrs. ☐	Last Name	First Name	Initial
Miss ☐	Ms. ☐	Colangelo	Lou	
Other ☐		Title/Position		
		General Manager		
		Company Name if different from Name to Appear on Licence		

Licence Primary Contact Address:

268 Orenda Road

City	Province/State	Country	Postal/Zip Code
Brampton	Ontario	Canada	L6T 1E9

Phone Number	Toll Free (if available)	Fax Number	E-mail Address
905 488-2568	n/a	n/a	lcolangelo@toromont.com

If the above address is not in Ontario, the applicant must also provide contact information for service purposes in the province of Ontario. Applicants whose offices are not located in Ontario may provide the address of an agent (an individual who is a resident of Ontario and is at least 18 years old, or a corporation that has its head office or registered office in Ontario) as the address of service.

Mr. ☐	Mrs. ☐	Last Name	First Name	Initial
Miss ☐	Ms. ☐			
Other ☐		Title/Position		
		Company Name if different from Name to Appear on Licence		

Address for Service in Ontario (if different than the Licence Primary Contact Address above)

City	Province	Postal Code
	ONTARIO	

Phone Number	Toll Free (if available)	Fax Number	E-mail Address

3. Application Primary Contact

☒ Indicate if same as above. If yes, proceed to section 4.

The primary contact for the licence application may be a person within the applicant's organization other than the licence primary contact noted above. An applicant may also choose to designate a consultant, lawyer, etc. to be the primary contact for the licence application. The Board will communicate with this person during the course of the application but with the licence primary contact after a licence is issued.

Mr. ☐	Mrs. ☐	Last Name	First Name	Initial
Miss ☐	Ms. ☐			
Other ☐		Title/Position		
		Company Name if different from Name to Appear on Licence		
Application Primary Contact Address:				
City	Province/State	Country	Postal/Zip Code	
Phone Number	Toll Free (if available)	Fax Number	E-mail Address	

4. Customer Complaint or Inquiries Primary Contact

Provide contact information of the person to whom correspondence or communication regarding customer complaints or inquiries should be addressed. The mailing address should be in Ontario and the telephone number should be listed in Ontario. If the applicant intends to retail electricity to low-volume consumers (annually consuming less than 150,000 kilowatt hours of electricity), the applicant should also provide a telephone number which may be reached by the general public without a charge.

Mr. ☒	Mrs. ☐	Last Name	First Name	Initial
Miss ☐	Ms. ☐	Colangelo	Lou	
Other ☐		Title/Position		
		General Manager		
		Company Name if different from Name to Appear on Licence		
Customer Complaint or Inquiries Primary Contact Address:				
268 Orenda Road				
City	Province	Postal Code		
Brampton	ONTARIO	L6T 1E9		
Phone Number	Toll Free	Fax Number	E-mail Address	
905 488-2568	n/a	n/a	lcolangelo@toromont.com	

5. Type of Application

- ☐ New licence
- ☒ Renewal, please provide the licence number and expiry date of the existing licence

Licence Number: ER- ER-2010-0235 Expiry Date: October 5, 2015

6. Trade Names

The electricity retailer licence authorizes the licensee to conduct business using the name under which the licence is held. It also provides for the use of trade names by the licensed electricity retailer.

Does the applicant intend to use trade names?

- ☐ Yes, provide a list of trade names the applicant intends to use in the space provided below.
- ☒ No, proceed to 7.

7. Applicant's Licensing Status and History

- (a) Has the applicant, an affiliate of the applicant, or an associated entity (e.g., a partnership or limited partnership) ever been licensed by the Ontario Energy Board? (the *Business Corporations Act* definition for affiliate can be found at www.e-laws.gov.on.ca).

- ☒ Yes, provide details of current and expired licences in the table below.
- ☐ No, proceed to 7(b).

Licencee Name	Relation to the applicant (e.g., applicant itself, affiliate, partner...etc.)	Licence Number
Toromont Energy Ltd.	Applicant itself (Electricity Generation, current)	EG-2003-0163
Sudbury District Energy	Affiliate (Electricity Generation, expired)	EG-2000-0031

- (b) Does the applicant, an affiliate of the applicant, or an associated entity (e.g., a partnership or limited partnership) have any other application(s) before the Ontario Energy Board?

☐ Yes, provide details in the table below.

☒ No, proceed to 7(c).

Applicant Name	Type of Application	Ontario Energy Board File Number (if applicable)

- (c) Has the applicant, an affiliate of the applicant, or an associated entity (e.g., a partnership or limited partnership) ever undertaken licensed energy sector activity in any other jurisdiction within North America?

☐ Yes, provide details of current and expired licences in the table below

☒ No

Company Name	Jurisdiction	Business Activity	Name of Licensing Body	Licence/Registration No.

8. Officers, Directors and Key Individuals

- (a) If the applicant is a corporation, provide as a separate attachment a list of all officers and directors, including name and title.
- (b) Provide a list of key individuals below. The individuals listed must be the individuals that are responsible for the following functions for the applicant: 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 and proprietors.

Note: Please list a minimum of three key individuals. If unable to provide a minimum of three, please explain.

Name of Key Individual	Title/position within applicant's business (or identify company if not the applicant's business)
Glenn Keenan	Assistant Secretary, Toromont Energy Ltd.
Lou Colangelo	General Manager, Toromont Energy Ltd.
David Clutterbuck	Controller, Toromont Energy Ltd.

9. Intended Services and Markets

(a) Intended Services: please identify which of the following services the applicant intends to offer. You may select as many as applicable.

- ☐ to sell or offer to sell electricity to low-volume consumers (annually consuming less than 150,000 kilowatt hours of electricity) in Ontario.
- ☒ to sell or offer to sell electricity to large-volume consumers (annually consuming more than 150,000 kilowatt hours of electricity) in Ontario.
- ☐ to act as an agent or broker for a retailer with respect to the sale or offering for sale of electricity to large-volume consumers, or as an agent or broker for large-volume consumers with respect to the sale or offering for sale of electricity in Ontario.
- ☐ to act as an agent or broker for a retailer with respect to the sale or offering for sale of electricity to low-volume consumers, or as an agent or broker for low-volume consumers with respect to the sale or offering for sale of electricity in Ontario.

Is the applicant currently providing any of the above listed services?

- ☒ Yes, provide a list of the services the applicant is currently providing.

Sale of electricity to Health Sciences North/Horizon Santé-Nord (HSN) formerly called Hôpital régional de Sudbury

- ☐ No, indicate when the applicant intends to provide these services.
-

(b) Wholesale Market Participation: does the applicant intend to operate in the IESO-administered markets and settle bilateral contracts through the IESO?

- ☒ Yes

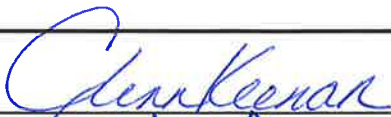
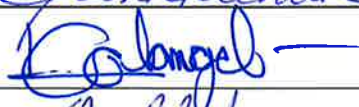
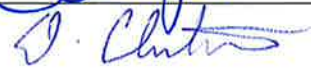
- ☐ No, please explain how the applicant intends to participate.
-

(c) Retail Market Participation: does the applicant intend to settle the wholesale market cost of electricity consumed by its customers through a distributor's settlement system?

- ☒ Yes

- ☐ No, please explain how the applicant intends to participate.
-

(g) I understand and acknowledge that, as a licensed electricity retailer, I must enter into a service agreement with the distributor before registering customers in a distributor's service area.

Name	Signature	Date
Glenn Keenan, Assistant Secretary		May 25, 2015
Lou Colangelo, General Manager		May 25, 2015
David Clutterbuck, Controller		May 25, 2015

Must be signed by:

- (a) the proprietor or by at least one partner, officer or director of the organization; and
- (b) each key individual identified in section 8(b)