

Ontario Energy Board P.O. Box 2319 2300 Yonge Street 27th Floor Toronto ON M4P 1E4 Telephone: 1-888-632-6273 Facsimile: (416) 440-7656 Commission de l'énergie l'Ontario C.P. 2319 2300, rue Yonge 27e étage Toronto ON M4P 1E4 Téléphone: 1-888-632-6273 Télécopieur: (416) 440-7656

AUG 0 4 2015



ONTARIO ENERGY BOARD

Application for an Electricity Retailer Licence

For Office Use Only		
Application Number EB - 2015 - 0236		
Date Received	Aug. 4/B	

1. The Applican	nt				
Legal Name of the	e Applicant :	Hospital Energy, LLC			
Name to Appear of	on Licence:				
Indicate if the name to appear on the licence is the same as the legal name.					
include the legal n	ame of the applica	ear on the licence is not the same as the legal name, the name on the licence must ant and the legal name must appear first. The "Name to Appear on Licence" will and on the licence.			
Business Classific	cation:				
○ Sole Proprieto	r				
○ Partnership					
○ Corporation					
	e) Limited Lia	ability Company			
Date of formation	or incorporation:	September 7, 2005			
Place of formation	or incorporation:	Connecticut			
Province/state	Connecticut				
Country	Country United States				
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?					
C Yes					
○ No	○ No				
Not applicable	e - not an individua	al			

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. C	Last Name Mininberg	First Name Mark	Initial	
Miss C Ms. C Other C	Title/Position President Company Name if different from	Title/Position		
Licence Primary Contact Address:				
110 Riverview Drive				
City	Province/State	Country	Postal/Zip Code	
Guilford	Connecticut	United States	06437	
Phone Number	Toll Free (if available) Fax Number	r E-mail Address		
203-668-3522	N/A 203-458-167	mark@hospitalenergy.	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. C Mrs. C	Last Name Kubota		First Name Donna	Initial		
Miss ⊂ Ms. ⊙	Title/Position	Title/Position				
Other C	Senior Corporate L	aw Clerk				
	Company Name if	different from Name to	Appear on Licence			
	SOLUTIONS Corp	SOLUTIONS Corporate Law Clerk Services Inc.				
Address for Service in (Address for Service in Ontario (if different than the Licence Primary Contact Address above)					
67 Yonge Street, Suite 701						
City	City Province Postal Code					
Toronto		ONTARIO	M5E 1J8			
Phone Number	Toll Free (if available)	Fax Number	E-mail Address			
(416) 362-0223	(888) 362-2575	(416) 362-0205	lawclerks@solutionslav	v.com		

3. Application Primary Contact

K 7	1 11 4 16		1.	
IXI	Indicate if same as above.	. It 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. C Miss C Other C	Mrs. C	Title/Position Company Name if	different from Nam	First Name e to Appear on Licence	Initial
Application F	rimary Contac	t Address:			
City		Province/S	State	Country	Postal/Zip Code
Phone Numb	per To	oll 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 Mininberg		First Name Mark	Initial
Miss C	Ms. ←	Title/Position			
Other C		President			
		Company Name if	different from Name to	Appear on Licence	
Customer Co	Customer Complaint or Inquiries Primary Contact Address:				
67 Yonge Street, Suite 701					
City			Province	Postal Code	
Toronto			ONTARIO	M5E 1J8	
Phone Number	er	Toll Free	Fax Number	E-mail Address	
(416) 362-022	23			mark@hospitalenergy.com	

5. Type of Application					
New licence					
C Renewal, please provide the licence nul	· •				
Licence Number: ER-	Expiry Date:				
6. Trade Names					
The electricity retailer licence authorizes the held. It also provides for the use of trade na	e licensee to conduct business using the name ames by the licensed electricity retailer.	under which the licence is			
Does the applicant intend to use trade nam	es?				
Yes, provide a list of trade name	s the applicant intends to use in the space prov	rided below.			
No, proceed to 7.					
Zenith Advisors					
7. Applicant's Licensing Status ar	nd History				
(a) Has the applicant, an affiliate of the appeared by the Ontario English found at www.e-laws.gov.on.ca).	oplicant, or an associated entity (e.g., a partner ergy Board? (the <i>Business Corporations Act</i> de and expired licences in the table below.	rship or limited partnership) finition for affiliate can be			
Licensee Name Relation to the applicant (e.g., applicant itself, affiliate, partneretc.) Licence Number					

(b)	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	d to 7(c).				
	Applicant Na	ame	Type of App	olication		rgy Board File Number f applicable)
(c)		an affiliate of the applic censed energy sector a				
	Yes, provide	details of current and e	xpired licences in	the table below		
	No					
	Company Name	Jurisdiction	Business Ac	tivity Name of	of Licensing Body	Licence/Registration No.
Ple	ase see Exhibit A.					
-						
-						
			4			
8.	Officers, Directo	ors and Key Individ	duals			
(a)	(a) If the applicant is a corporation, provide as a separate attachment a list of all officers and directors, including name and title.					
(b)	(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.					
	3					
	Name of Key Individual			Title/position within applicant's business (or identify company if not the applicant's business)		
Ma	ark Mininberg			President		
Da	vid Braun			Vice President & COO		
Pe	ter Diamond			Vice President - Finance		

9. Intended Services and Markets Intended Services: please identify which of the following services the applicant intends to offer. You may select as (a) 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. No, indicate when the applicant intends to provide these services. Upon licensure by the Ontario Energy Board. Wholesale Market Participation: does the applicant intend to operate in the IESO-administered markets and settle (b) bilateral contracts through the IESO? Yes No, please explain how the applicant intends to participate. Applicant will serve as an arms-length broker between high-volume energy customers and potential suppliers. Retail Market Participation: does the applicant intend to settle the wholesale market cost of electricity consumed by (c)

Applicant will serve as an arms-length broker between high-volume energy customers and potential suppliers.

its customers through a distributor's settlement system?

No, please explain how the applicant intends to participate.

Yes

(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
Mark Mininberg	hyar hjenimber	July 13, 2015
David J. Braun	en of Re	July 13, 2015
Peter W. Diamond	Pt W. Din	July 9, 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)