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) 440-7658



Application for an Electricity Generation Licence

For Office Use Only		
Application Number	EB-	······································
Date Received	···	······································

			Date Neceived	
1. The Applicar	ıt			
Legal Name of the	Applicant:	Lakeridge Health		
Business Classific	ation:			
Sole Proprietor				
Partnership				
Corporation				
Other (describe)	l			
Date of formation of	or incorporation	November 30, 1997		
Place of formation	or incorporation	:		
Province/State	Ontario			
Country	Canada			
sne at least 16 year	n individual, the rs old?	applicant must be at least 18	years old. If the applicant	is an individual, is he or
☐ Yes				
☐ No				
✓ Not Applicable	- not an individu	ıal		
Head Office or Bus	inace Addrace	of Applicant		
850 Champlain Av		л Аррисан		
City	eune - Oust I	Daniel 101 I		
Oshawa		Province/State Ontario	Country	Postal/Zip Code
	<u></u>		Canada	L1J 8R2
Phone Number		Toll Free (if available)	E-mail Address	
(905) 576-8711 x4	428		kempey@lakeridge	health.on.ca
Website Address	https://www.la	keridgehealth.on.ca/en/index.a	asp	

2. Application Type			
✓ New			
☐ Renewal, provide the lice	cence number and expiry date of the	current licence.	
Licence Number	Expiry Date		
3. Licence Primary Co	ntact		
The licensee shall designate	a person who will act as primary cor	ntact with the OEB on matter	's related to the licence.
	Last Name	First Name	Initial
Mr. • Mrs. C	Clarke	Neil	
Miss C Ms. C	Title/Position		
Other C	Director Engineering,Infrastructure	e and Security	
	Company Name		· · · · · · · · · · · · · · · · · · ·
	Lakeridge Health		
Licence Primary Contact A	ddress:		
1 Hospital Court			
City	Province/State	Country	Postal/Zip Code
Oshawa	Ontario	Canada	L1G 2B9
Phone Number	Toll Free (if available)	E-mail Address	
(905) 576-8711 x3614		nclarke@lakeridgel	health.on.ca
4. Application Primary			
	ve. Proceed to section 5.		
contact for the licence applic	cence application may be a person w . An applicant may also choose to de ation. The OEB will communicate wit cence primary contact after a licence	signate a consultant, lawyer h this person during the cou	etc to be the primary
	Last Name	First Name	Initial
Mr. (F Mrs. C	Soní	Sandeep	
Miss C Ms. C	Title/Position		
Other t	Construction Manager		
	Company Name	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Ecosystem Energy Services		

7100 Woodbine Avenue - Suite City	· · · · · · · · · · · · · · · · · · ·			
	Donald IOL (
Markham	Province/State	Country	Postal/Zip Code	
Markham	Ontario	Canada	L3R 5J2	
Phone Number Toll Free (if available)		E-mail Address		
(416) 574-3964		sandeep.soni@eco	sandeep.soni@ecosystem-energy.com	
. Trade Names				
he electricity generation licence and the electricity generation licence and the description of the applicant intend to use the applicant intended and applicant intended to section 6.	ne). It also provides for the use rade names? e names the applicant intends to	of trade names by the licen	see.	
ino, proceed to section o.				
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		······································		
Applicant's Licensing St	atus and History			
(a) Has the applicant, an affiliate o	of the applicant, or an associated e	entity (e.g., a partnership or lim	ited partnership), ever been	
ilicensed by the OEB? (The Bu	isiness Corporations Act definition	ifor affiliate can be found at w	ww.e-laws.gov.on.ca)	
Yes, provide details of cur	rent and expired licences in the	table below.		
No, proceed to 6(b).				
Licensee Name	Relation to	o the Applicant		
Licensee Name		f, affiliate, partneretc.)	Licence Number	

Applicant Na	me Relationship	to this Applicant	Type of Application	OEB File Number
	ails in the table below.			
Zj No Company Name	Relation to the Applicant	Jurisdiction	Business Activity	and Licence/Registration
	Relation to the Applicant	Jurisdiction	Business Activity	Name of Licensing Boo and Licence/Registratio No. (if applicable)
No Company Name	Relation to the Applicant	Jurisdiction	Business Activity	and Licence/Registrat

7.

ln pai managers, and any other individuals with a beneficial interest.

Name of Key Individual	Title/Position within Applicant's Business (or identify company if not the Applicant's Business)	
Kevin Empey	President & CEO	
Tom McHugh	Executive Vice President	
Natalie Hovey	Vice President Finance	
Neil Clarke	Director, Engineering, Infrastructure and Security	

8. Intended Services and Markets

(a)	The OEB Act defines "ancillary services" as services necessary to maintain the reliability of the IESO-controlled grid, including frequency control, voltage control, reactive power, and operating reserve services. Does the applicant intend to sell electricity or ancillary services into the IESO administered market?
	☐ Yes ☑ No
(b)	Does the applicant intend to settle with an electricity distributor for the electricity injected into the distribution system in accordance with the retail settlement system?
	Yes, please identify the electricity distributor No
(c)	Does the applicant intend to sell electricity to another person?
	☐ Yes ☑ No
	If yes, is this person a consumer (i.e., a person who uses, for the person's own consumption, electricity that the person did not generate)?
	Yes. The applicant may require a retailer licence. The application form can be found at www.cntarioenergyboard.ca No
9. Fa	cility Description
Is the a	applicant applying to be licensed for more than one facility?
☐ Ye	es, please make a copy of sections 9, 10 and 11 for each facility and provide information for each facility
Genera	ation Type
	esel 🔀 Natural Gas 🔲 Water 🔲 Wind
	her, please specify
Installe	d Capacity 1.6 MW
Numbe	r of Units 2
If the a	pplicant is selling ancillary services, please describe:
Facility	name: Lakeridge Health Oshawa
·	Address: 1 Hospital Court, Oshawa, Ontario, L1G 2B9

Licence Responsibility/Qualification Sought
Owner and Operator
Owner Only. Please identify operator
Operator Only. Please identify owner
If the applicant is 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; if licensed, please provide the licence number and, if not, indicate when an application for the other qualification will be filed with the OEB.
10. Facility History and Status
Is the facility in commercial service?
Yes, proceed to section 10(a)✓ No, proceed to section 10(b) or 10(c) as applicable.
(a) Existing Facility in Commercial Service When did this facility achieve commercial operation? Is the applicant the original owner and operator? Yes No, identify previous owner and operator:
(b) New Facility Has facility construction commenced? ☑ Yes □ No
What is the expected commercial in service date? November 12, 2015
(c) Existing Facility NOT in Commercial Service
What is the expected commercial in service date?
Please provide a list of all other regulatory approvals required (e.g. environmental, municipal, etc.). Please identify the status of each approval.

11. Connection

What is the voltage at the perimeter of the applicant's property from the output of the generation facility?
 ✓ 50 kV or less, proceed to section 11(a) ☐ greater than 50 kV, proceed to section 11(b)
(a) The OEB Act defines a "distribution system" as a system for distributing electricity, and includes any structures, equipment or other things used for that purpose. "Distribute", with respect to electricity, means to convey electricity at voltages of 50 kV or less.
Describe the existing or future distribution system from the output of the generation facility to the connection point with the electricity distributor or to the connection point with the transmission system (e.g., length of line, transformers, etc.).
Embedded Generation Facility - The facility will neither distribute to the transmission system nor be allowed to "island".
Hydro One Networks Transfer Trip will ensure that the facility will shut down upon loss of power to the feeder station.
Does (or will) the applicant own and/or operate the distribution system? [Yes
No, identify the owner and/or operator of the distribution system
If yes, does the applicant own and/or operate the distribution system only for the purpose of conveying electricity from the generation facility to the IESO-controlled grid?
☐ Yes
No, describe the purpose of the distribution system
If the answer to the question above is no, the applicant may require a distribution licence. The application form can be found at www.ontarioenergyboard.ca .
Does (or will) the distribution system connect the generation facility to an electricity distributor?
✓ Yes, identify the electricity distributor Oshawa Public Utilities Corporation
No, proceed to section 11(b)
(b) The OEB Act defines a "transmission system" as a system for transmitting electricity, and includes any structures, equipment or other things used for that purpose. "Transmit", with respect to electricity, means to convey electricity at voltages of more than 50 kV.
Describe the existing or future transmission system from the output of the generation facility or applicant's distribution system to the connection point with the transmission network (e.g., length of line, transformers, etc.).

Does	(or will) the applicant own and/or operate the transmission system?
<u> </u>	Yes
<u> </u>	No, identify the owner and/or operator of the transmission system
If yes, from th	does the applicant own and/or operate the transmission system only for the purpose of conveying electricity he generation facility to the IESO-controlled grid?
□ Y	'es
□ N	lo, describe the purpose of the transmission system
If the anso	wer to the question above is no, the applicant may require a transmission licence. The application form can at www.ontarioenergyboard.ca .

17. Notice

The OEB is authorized, under section 4.14 of the OEB Act, to collect personal information for the purpose of carrying out its duties and exercising its powers under the OEB Act or any other Act.

The information provided both on this form and attached to this form is being collected by the OEB for the purpose of determining whether the applicant is qualified to receive the licence for which it is applying.

In order to verify the information on this form and/or determine whether the applicant is qualified to receive the licence for which it is applying, it may be necessary for the OEB to collect additional information from some or all of the following sources: federal, provincial/state, or municipal governments; licensing bodies; law enforcement agencies; credit bureaus; and banks. Only information relevant to the application or the OEB's determination of the application will be collected by the OEB.

The public official who can answer questions about the collection of the information is:

Board Secretary
Ontario Energy Board
P.O Box 2319
2300 Yonge Street, 27th Floor
Toronto, ON
M4P 1E4

Tel: 416-481-1967 or 1-888-632-6273

Applicants are reminded that the OEB is subject to the Freedom of Information and Protection of Privacy Act (FIPPA). FIPPA addresses circumstances in which the OEB may, upon request, be required to release information that is in its custody or under its control, and generally prohibits the OEB from releasing personal information. "Personal Information" has the meaning given to it under FIPPA.

18. Certification and Acknowledgement

- (a) I certify that the information contained in this application and in the documents provided are true and accurate.
- (b) I understand and acknowledge that, as a licensee, I must provide information as the OEB may require from time to time.
- (c) I understand and acknowledge that the issuance of an electricity generation licence does not guarantee registration with the IESO or connection to a transmission or distribution system.

Print Name of Kev Individual
Natalie Hovey
Vice President
Finance & Information Mgt.

Signature of Key Individual
Date

Date

Lept 15, 2015

If the applicant is a sole proprietor, he/she must sign.

If the applicant is a corporation, a person with authority to bind the corporation must sign.

If the applicant is a partnership, a partner with authority to sign on behalf of the partnership must sign.