

Ontario Energy Board
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NOV 13 2015

ONTARIO ENERGY BOARD



Application for a Gas Marketer Licence

For Office Use Only	
Application Number	EB - 2015-0326
Date Received	Nov. 13/15

1. The Applicant

Legal Name of the Applicant : Hospital Energy, LLC

Name to Appear on Licence: _____

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) LLC

Date of formation or incorporation: September 7, 2005

Place of formation or incorporation: Connecticut

Province/state Connecticut

Country USA

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. <input checked="" type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	Mininberg	Mark	
Other <input type="radio"/>		Title/Position	President	
		Company Name if different from Name to Appear on Licence	Same as Name	
Licence Primary Contact Address:				
110 Riverview Drive				
City	Province/State	Country	Postal/Zip Code	
Guilford	Connecticut	USA	06437	
Phone Number	Toll Free (if available)	Fax Number	E-mail Address	
203-668-3522		203-458-1673	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. <input type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input checked="" type="radio"/>	Kubota	Donna	
Other <input type="radio"/>		Title/Position	Senior Corporate Law Clerk	
		Company Name if different from Name to Appear on Licence	SOLUTIONS Corporate Law Clerk Services Inc.	
Address for Service in Ontario (if different than the Licence Primary Contact Address above)				
67 Yonge Street, Suite 701				
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@solutionslaw.com	

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. <input type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input checked="" type="radio"/>	Konkus	Kelly	
Other <input type="radio"/>		Title/Position		
		Client Fulfillment Assistant		
		Company Name if different from Name to Appear on Licence		
		License Logix		
Application Primary Contact Address:				
140 Grand St, Suite 300				
City		Province/State	Country	Postal/Zip Code
White Plains		New York	USA	10601
Phone Number	Toll Free (if available)	Fax Number	E-mail Address	
800.292.0909 x313	N/A	212.672.1105	kkonkus@licenselogix.com	

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 which may be reached by the general public without a charge.

Mr. <input checked="" type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	Mininberg	Mark	
Other <input type="radio"/>		Title/Position		
		President		
		Company Name if different from Name to Appear on Licence		
		Same name appearing on license		
Customer Complaint or Inquiries Primary Contact Address:				
67 Yonge Street, Suite 701				
City		Province	Postal Code	
Toronto		ONTARIO	M5E 1J8	
Phone Number	Toll Free	Fax Number	E-mail Address	
(416) 362-0223			mark@hospitalenergy.com	

5. Type of Application

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

Licence Number: GM- _____ Expiry Date: _____

6. Trade Names

The gas marketer 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 gas marketer.

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.

Zenith Advisors

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).

Licensee Name	Relation to the applicant (e.g., applicant itself, affiliate, partner...etc.)	Licence Number
Hospital Energy, LLC	Applicant Itself	ER-2015-0236

(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.
Please see Exhibit A.				

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)
Mark Mininberg	President
David Braun	Vice President & COO
Peter Diamond	Vice President - Finance

9. Intended Services

Intended Services: please identify which of the following services the applicant intends to offer.

- to sell or offer to sell gas to low-volume consumers (consuming 50,000m³ or less of natural gas per year) in Ontario.
- to act as an agent or broker for a gas marketer with respect to the sale or offering for sale of natural gas to low-volume consumers, or as an agent or broker for low-volume consumers with respect to the sale or offering for sale of natural gas in Ontario.

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

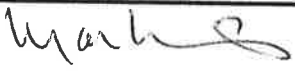


- Yes, provide a list of the services the applicant is currently providing.

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

Upon Licensure

17. 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 licensed natural gas marketer, I must provide information as the Board may require from time to time.
- (c) I understand and acknowledge that, as a licensed natural gas marketer, I may have to meet requirements to disclose information to consumers in accordance with any government regulation made or standard set by the Board.
- (d) I understand and acknowledge that, as a licensed natural gas marketer, I must enter into a service agreement with the gas distributor before registering customers in a distributor's franchise area.

Name	Signature	Date
Mark Mininberg		10/11/15
David Braun		9/30/15
Peter Diamond		10/11/15

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)