

Ontario Energy
Board
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2300, rue Yonge
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Toronto ON M4P 1E4
Téléphone: 1-888-632-6273
Télécopieur: (416) 440-7656



Application for a Gas Marketer Licence

For Office Use Only	
Application Number	EB - 2017-0144
Date Received	March 23/17

1. The Applicant

Legal Name of the Applicant : 2265279 ONTARIO INC

Name to Appear on Licence: AW MARKETING

☐ 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: November 26, 2010

Place of formation or incorporation: TORONTO

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. <input checked="" type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	AWAN	WAJAHAT	J
Other <input type="radio"/>		Title/Position		
		PRESIDENT		
		Company Name if different from Name to Appear on Licence		
Licence Primary Contact Address:				
55 JOHN TABOR TRAIL				
City	Province/State	Country	Postal/Zip Code	
TORONTO	ONTARIO	CANADA	M1B2P5	
Phone Number	Toll Free (if available)	Fax Number	E-mail Address	
416.731.3604			AWAN.WAJA@GMAIL.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 type="radio"/>			
Other <input type="radio"/>		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. <input type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="radio"/>	<input type="text"/>	Title/Position		
		<input type="text"/>		
		Company Name if different from Name to Appear on Licence		
		<input type="text"/>		
Application Primary Contact Address:				
<input type="text"/>				
City	Province/State	Country	Postal/Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone Number	Toll Free (if available)	Fax Number	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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 type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input checked="" type="radio"/>	Ms. <input type="radio"/>	REDJAIE	MONA	<input type="text"/>
Other <input type="radio"/>	<input type="text"/>	Title/Position		
		ADMINISTRATOR		
		Company Name if different from Name to Appear on Licence		
		<input type="text"/>		
Customer Complaint or Inquiries Primary Contact Address:				
213-250 CONSUMERS RD				
City	Province	Postal Code		
TORONTO	ONTARIO	M2J4V6		
Phone Number	Toll Free	Fax Number	E-mail Address	
613.255.6859	<input type="text"/>	<input type="text"/>	REDJAIE@GMAIL.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.

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

- (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. WE ARE A SMALL ORGANIZATION, WE HAVE TWO PEOPLE RUNNING BACK END AND

ADMINISTRATION.

Name of Key Individual	Title/position within applicant's business (or identify company if not the applicant's business)
WAJAHAT AWAN	PRESIDENT
MONA REDJAIE	ADMINISTRATOR

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 APPROVAL OF THIS APPLICATION
