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Commission de l'énergie  
l'Ontario  
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2300, rue Yonge  
27e étage  
Toronto ON M4P 1E4  
Téléphone: 1-888-632-6273  
Télécopieur: (416) 440-7656



## Application for an Electricity Wholesaler Licence

| For Office Use Only |               |
|---------------------|---------------|
| Application Number  | EB- 2018-0101 |
| Date Received       | Feb. 12/18    |

### 1. The Applicant

Legal Name of the Applicant : Matador Power Marketing, Inc.

Business Classification:

☐ Sole Proprietor

☐ Partnership

☒ Corporation

☐ Other (describe) \_\_\_\_\_

Date of formation or incorporation: January 17, 2018

Place of formation or incorporation:

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

Head Office or Business Address of Applicant

523 Soudan Avenue

| City           | Province/State | Country       | Postal/Zip Code |
|----------------|----------------|---------------|-----------------|
| <u>Toronto</u> | <u>ON</u>      | <u>CANADA</u> | <u>M4S1X1</u>   |

Phone Number

Toll Free (if available)

E-mail Address

6474990257

rtdesk@matadorpm.com

Website Address

## 2. Application Type

☒ New

☐ Renewal, provide the licence number and expiry date of the current licence.

Licence Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

## 3. Licence Primary Contact

The licensee shall designate a person who will act as primary contact with the OEB on matters related to the licence.

|                             |                                      |                               |            |         |
|-----------------------------|--------------------------------------|-------------------------------|------------|---------|
| Mr. <input type="radio"/>   | Mrs. <input type="radio"/>           | Last Name                     | First Name | Initial |
| Miss <input type="radio"/>  | Ms. <input checked="" type="radio"/> | Stoica                        | Diana      |         |
| Other <input type="radio"/> |                                      | Title/Position                |            |         |
|                             |                                      | Director                      |            |         |
|                             |                                      | Company Name                  |            |         |
|                             |                                      | Matador Power Marketing, Inc. |            |         |

Licence Primary Contact Address:

523 Soudan Avenue

|         |                |         |                 |
|---------|----------------|---------|-----------------|
| City    | Province/State | Country | Postal/Zip Code |
| Toronto | ON             | CANADA  | M4S1X1          |

|              |                          |                |
|--------------|--------------------------|----------------|
| Phone Number | Toll Free (if available) | E-mail Address |
| 6474990257   |                          |                |

## 4. Application Primary Contact

☒ Indicate if same as above. Proceed to section 5.

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 OEB will communicate with this person during the course of the application review process 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"/>  |                |            |         |
| Other <input type="radio"/> |                            | Title/Position |            |         |
|                             |                            |                |            |         |
|                             |                            | Company Name   |            |         |
|                             |                            |                |            |         |

|                                      |                          |                |                 |
|--------------------------------------|--------------------------|----------------|-----------------|
| Application Primary Contact Address: |                          |                |                 |
|                                      |                          |                |                 |
| City                                 | Province/State           | Country        | Postal/Zip Code |
|                                      |                          |                |                 |
| Phone Number                         | Toll Free (if available) | E-mail Address |                 |
|                                      |                          |                |                 |

## 5. Trade Names

The electricity wholesaler licence authorizes the licensee to conduct business using the name under which the licence is held (i.e. the applicant's legal name). It also provides for the use of trade names by the licensee.

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 section 6.

|  |
|--|
|  |
|  |
|  |
|  |

## 6. 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 OEB? (The *Business Corporations Act* definition for affiliate can be found at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca))

- ☐ Yes, provide details of current and expired licences in the table below.
- ☒ No, proceed to 6(b).

| Licensee Name | Relation to the Applicant<br>(e.g., applicant itself, affiliate, partner...etc.) | Licence Number |
|---------------|--|----------------|
|               |  |                |
|               |  |                |
|               |  |                |
|               |  |                |
|               |  |                |

(b) Does the applicant, an affiliate of the applicant, or an associated entity have any other application(s) before the OEB?

☐ Yes, provide details in the table below.

☒ No, proceed to 6(c).

| Applicant Name | Relationship to this Applicant | Type of Application | OEB File Number |
|----------------|--------------------------------|---------------------|-----------------|
|                |                                |                     |                 |
|                |                                |                     |                 |
|                |                                |                     |                 |

(c) Has the applicant, an affiliate of the applicant, or an associated entity ever undertaken energy sector activity in any other jurisdiction within North America?

☐ Yes, provide details in the table below.

☒ No

| Company Name | Relation to the Applicant | Jurisdiction | Business Activity | Name of Licensing Body and Licence/Registration No. (if applicable) |
|--------------|---------------------------|--------------|-------------------|---|
|              |                           |              |                   |   |
|              |                           |              |                   |   |
|              |                           |              |                   |   |

## 7. Key Individuals

In the table below, identify the key individuals that are responsible for executing the following functions for the applicant: matters related to regulatory requirements and conduct, financial matters, and technical matters. Key individuals include the Chief Executive Officer, the Chief Financial Officer, other officers and directors, partners or proprietors.

| Name of Key Individual | Title/Position within Applicant's Business (or identify company if not the Applicant's Business) |
|------------------------|--|
| Diana Stoica           | Director   |
|                        |  |
|                        |  |

## 8. Intended Markets and Services

Identify the applicant's intended markets and services. Select any that apply.

- ☒ To purchase electricity or ancillary services in the IESO-administered markets.
- ☐ To purchase electricity or ancillary services directly from a generator.
- ☒ To sell electricity or ancillary services in the IESO-administered markets.
- ☐ To sell electricity or ancillary services to wholesalers.
- ☐ To sell electricity or ancillary services to distributors (i.e., standard supply services).
- ☐ To sell electricity or ancillary services to electricity retailers.
- ☒ To sell electricity or ancillary services to persons outside of the Ontario market.
- ☐ To sell electricity to consumers, defined as a person who uses for the person's own consumption, electricity that the person did not generate. If the applicant selects this item, the applicant may require a retailer licence. The application form can be found at [www.oeb.ca](http://www.oeb.ca).