

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
27^e étage
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 - 2018-0135 |
| Date Received | |

1. The Applicant

Legal Name of the Applicant : ONTARIO WHOLESALE ENERGY LV INC.

Name to Appear on Licence: ONTARIO WHOLESALE ENERGY LV INC.

☒ 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: _____

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 OEB 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"/> | MULCAHY | TIM | |
| Other <input type="radio"/> | | Title/Position | | |
| | | CEO | | |
| | | Company Name if different from Name to Appear on Licence | | |
| | | | | |

Licence Primary Contact Address:

2 BLOOR STREET WEST, SUITE 2700

| | | | |
|---------|----------------|---------|-----------------|
| City | Province/State | Country | Postal/Zip Code |
| TORONTO | ONTARIO | CANADA | M4W3E2 |

| | | | |
|--------------|--------------------------|--------------|--------------------------|
| Phone Number | Toll Free (if available) | Fax Number | E-mail Address |
| 416.307.2461 | 844.604.7283 | 855.344.1722 | TIM.MULCAHY@OWENERGY.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 OEB 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:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| 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 checked="" type="radio"/> | Mrs. <input type="radio"/> | Last Name | First Name | Initial |
| Miss <input type="radio"/> | Ms. <input type="radio"/> | SHULMAN | MORLEY | <input type="text"/> |
| Other <input type="radio"/> | <input type="text"/> | Title/Position | | |
| | | DIRECTOR, CUSTOMER EXPERIENCE & COMPLIANCE | | |
| | | Company Name if different from Name to Appear on Licence | | |
| | | <input type="text"/> | | |

Customer Complaint or Inquiries Primary Contact Address:

2 BLOOR STREET WEST, SUITE 2700

| | | |
|---------|----------|-------------|
| City | Province | Postal Code |
| TORONTO | ONTARIO | M4W3E2 |

| | | | |
|--------------|--------------|--------------|-----------------------------|
| Phone Number | Toll Free | Fax Number | E-mail Address |
| 416.307.2474 | 844.604.7283 | 855.344.1722 | MORLEY.SHULMAN@OWENERGY.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.

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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 OEB? (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).

| Licensor Name | Relation to the applicant (e.g., applicant itself, affiliate, partner...etc.) | Licence Number |
|-----------------|--|----------------|
| ONIT ENERGY LTD | APPLICANT ITSELF | GM-2015-0158 |
| | | |
| | | |
| | | |
| | | |
| | | |



- (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 OEB?

☒ Yes, provide details in the table below.

☐ No, proceed to 7(c).

| Applicant Name | Type of Application | OEB File Number (if applicable) |
|----------------------------------|-----------------------------|---------------------------------|
| ONTARIO WHOLESALE ENERGY LV INC. | ELECTRICITY RETAIL MARKETER | |
| | | |
| | | |

- (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. _____

| Name of Key Individual | Title/position within applicant's business (or identify company if not the applicant's business) |
|------------------------|--|
| TIM MULCAHY | CEO |
| DAVID BALABAN | PRESIDENT & COO |
| GREG CAREY | DIRECTOR, FINANCE |
| MORLEY SHULMAN | DIRECTOR, CUST EXPERIENCE & COMPLIANCE |



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.

ON APPROVAL OF OUR LICENCE.

