DELIVERED VIA RESS and E-MAIL: boardsec@oeb.ca

Ms. Kirsten Walli Board Secretary Ontario Energy Board 2300 Yonge Street, 27th Floor Toronto, Ontario M4P 1E4

Dear Ms. Walli:

Re: OEB File No. EB-2018-0114

Section 86 MAADs Application for Guelph Hydro Electric Systems Inc. ("Guelph Hydro") and Envida Community Energy Inc. ("Envida") and

Related Relief

This is further to our letter of May 8, 2018. Guelph Hydro and Envida hereby request that the MAADs Application filed on February 27, 2018 be amended to include additional relief sought, if necessary, under Subsection 74(1) of the *Ontario Energy Board Act*, 1998 ("*Act*"). Specifically, the Applicants seek the following amendments to licences:

1. Eastview Road Landfill Gas Electricity Generation Facility

This facility is licenced pursuant to Electricity Generation Licence, EG-2004-0438 issued to Envida. The Applicants hereby seek an amendment to this Electricity Generation Licence to take into effect upon the granting of the Section 86(1)(c) leave sought in the MAADs Application to amend the Generation Licence to identify Guelph Hydro as the licensee. All of the administrative changes to the licence that are requested are identified at Tab 4 of the MAADs Application.

2. Guelph Hydro Distribution Licence

Guelph Hydro operates under Electricity Distribution Licence, EB-2002-0565. Upon receiving approval of the Board for the amalgamation of Guelph Hydro with Envida, and with the amendment as requested above to the Eastview Road Generation Licence, the Guelph Hydro Distribution Licence may require an amendment to reflect these changes.

Attached hereto is a copy of the Electricity Distribution Licence Application form completed with the necessary amendments. Where the form remains blank, there is no change from the existing Licence. Request is made for approval of these amendments in the event that the Section 86(1)(c) leave and the amendment to the Generation Licence is approved.

Guelph Hydro and Envida consent that the MAAD Application filed under section 86 of the Act and the licence amendments requested in this letter to be disposed of without a hearing pursuant to Section 21 (4) of the Act. These parties submit that there are no

circumstances or negative impacts that will arise from the MAAD Application and the Licence Amendments requested that will affect any ratepayers, customers or the public.

Please advise if anything further is required.

Yours truly,

Cristina Birceanu

Vice-President of Regulatory Affairs, Customer Care and Billing Guelph Hydro Electric Systems Inc.

395 Southgate Drive, Guelph, ON N1G 4Y1 Telephone – (519) 837-4735 Mobile – (226) 218-2150 Fax – (519) 836-6115 Email – cbirceanu@guelphhydro.com



Ontario Energy Board Commission de l'Énergie de l'Ontario

Application for Electricity **Distribution Licence**

Ontario Energy Board 2300 Yonge Street P.O. Box 2319 Toronto, ON M4P 1E4 Telephone: 1-888-632-6273 Facsimile: (416) 440-7656

C.P. 2319 Toronto, ON M4P 1E4 Téléphone: 1-888-632-6273 Télécopieur: (416) 440-7656

2300 rue Yonge

Commission de l'Énergie de l'Ontario

Application Instructions

1. Purpose of this form

The purpose of this form is to collect information to determine whether the Applicant will be granted a licence to distribute electricity.

2. **Structure of the Application Form**

This form contains the following sections:

- Α General Information:
- В Distribution Facilities Information;
- С Supporting Information
- D Notice and Consent and
- Ε Acknowledgement

Note: The information in section C16 shall be kept confidential, with the exception of names and positions held of key individuals. All other information filed as part of this application will be considered public. Where the applicant objects to public disclosure of the information, the applicant must follow the Ontario Energy Board's approved Guidelines for Treatment of Filing made in Confidence, effective March19, 2001.

Completion Instructions

PRINT CLEARLY or TYPE all information in BLACK. Please send two copies of the completed form and all attachments

Board Secretary Ontario Energy Board 2300 Yonge Street P.O. Box 2319, 26th Floor Toronto, ON M4P 1E4

Licence Fees:

A non-refundable application fee is required to process your application. Please enclose a cheque or money order made payable to the ONTARIO ENERGY BOARD.

Note: If a licence is issued, the Licensee will be required to pay an annual fee of \$800.00.

Important Information:

As a licenced Electricity Distributor, the licencee may be subject to additional obligations as required by the Independent Electricity System Operator (IESO) and as established under section 70 or section 78 of the Ontario Energy Board Act, 1998.

REMARQUE:

Ce document est disponible en français.

OEB App05A - July/05

Ontario Energy Board Commission de l'Énergie de l'Ontario Application for Electricity Distribution Licence

Ontario Energy Board 2300 Yonge Street P.O. Box 2319 Toronto, ON M4P 1E4 Telephone: 1-888-632-6273 Facsimile: (416) 440-7656 Commission de l'Énergie de l'Ontario 2300 rue Yonge C.P. 2319 Toronto, ON M4P 1E4 Téléphone: 1-888-632-6273 Télécopieur: (416) 440-7656

For Office Use Only		
Application Number		
Date Received		

A. G	General information		
<u>1. Ty</u>	pe of Application		
	New licence		
	Renewal		
	Amendment to an existing Licence	\square	EB-2002-0565
2. O\	wnership/Operation		
Plea	se indicate whether the Application is for:		
	Ownership and Operation of a distributio	n system	
	Ownership of a distribution system only. distribution system?	Please prov	vide the name and licence no., if any, of the operator of the
	Operation of a distribution system only. system?	Please provi	ide the name and licence no., if any, of the owner of the distribution

3. Applicant							
Please provide the follo	wing info	rmation about the	Applicant:				
Full Legal Name of Applicant			Ontario Corporation Number, Canadian Corporation Number or Business Registration Number			Date of Formation or Incorporation	
Business Address:				A Commission of the Commission			V 018-00-0-118-0-10-0-1
City		Province		Country	Postal/Zip Code		Code
Phone Number FAX Number			E-Mail Address (if applicable)				
4. Primary Contact for the Please provide the follow		rmation about the I	Primary Conta	ct for this Application:			I la Wal.
Miss Ms. Other:	Last N	ame.	Works have	Tull First Name.		Initial:	
Position Held:							
Contact Address (if R.R.	, give Lo	t, Concession No.	and Township)			
City	ty Province			Country		Postal/Zi	ip Code
Phone Number FAX Number			E-mail Address (if ap	plicable)	1	The state of the s	

description of the extent (size, length, coverage) of the distribution facilities involved in this Application. This description will be used for the purpose of stating a service area in which the licensee would be authorized to distribute electricity: Facilities Use Please indicate whether the distribution facilities are for exclusive use by Yes No	5. Service Area	
Facilities Use Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
Please indicate whether the distribution facilities are for exclusive use by Yes No		
	5. Facilities Use	
	Please indicate whether the distribution facilities are for exclusive use by Yes No the Applicant.	

B. Distribution Facilities Information 7. Facilities Type Please indicate whether the Applicant's distribution facilities are: New assets to be constructed? Proposed In-service date: If Applicant is to be the owner, please attach a statement explaining the financing arrangements. Existing assets presently owned and/or operated by the Applicant? Existing assets not presently owned and/or operated by the Applicant (ie to be purchased)? If Applicant is to be the owner please indicate: a) from whom assets will be purchased: b) when application for sale has/will be filed with the Board? Other (please describe):

8. Facilities Purpose
Please indicate the intended purpose(s) of the Applicant's distribution facilities:
To provide a connection between a generator and a transmission/distribution system.
To provide a connection between a transmission/distribution system and a load customer or customers.
To provide a connection between a generator and a load customer or customers.
To provide distribution services to the general public.
Other (please describe):
9. Description of Facilities
Please describe the Applicant's distribution facilities indicating operating voltage(s) (kV), length of distribution line (km), number of substations and approximate total supply capacity (MW):
40.1
Please indicate whether the distribution facilities will be located on, over or under public streets or Yes No highways.

C. Supporting Information Organizational Information				
11. Business Classification	ו			
Sole Proprietor				
Partnership				
Corporation				
Other				
12. Affiliates of the Applica	nt		,	
		ates of the Applicant (attach a cop	oy of 12(a)) for each affiliate).
Full Legal Name of Affiliate	***************************************			· · · · · · · · · · · · · · · · · · ·
Business Address:				
City	Province	Country		Postal/Zip Code
Tel. Number	FAX Number	E-Mail Address (if app	olicable)	
Description of Business Activ	Lvities:			
b) Please attach a Corporate	organization chart describ	S	Hydro Electr stems inc. leiph Hydro")	Corporation ("Devco")
applicable, the respective	ownership percentages by	the Applicant in each Affiliate.	: Applican	i and its Allillates and, if

13. Energy Sector Activities	
Has the Applicant or an Affiliate undertaken any energy sector activities in Ontario or any other jurisdiction?	Yes No
If yes, please provide the following information for each:	
Full Legal Name of Company:	Licence/Registration Number:
Jurisdiction:	Type of Business Activity (e.g. Generation, Transmission, Distribution):

Took	Todayinal Constitution					
14.	Technical Capability and Experience Information 14. Business Activities					
Ple	ase provide a description of the A	pplicant's business activities:				
<u> </u>						
15.	Technical Ability					
a)	Please describe the applicant's te experience in Ontario and in othe	echnical ability to carry out the activities applied for including the Applicant's specific r jurisdictions.				
b)	 b) If the Applicant intends to utilize the capability of others by contracting distribution activities, please indicate below which activities and to whom they will be contracted: 					
П	Design	Contracted to:				
<u> </u>		Contracted to.				
	Construction	Contracted to:				
	Inspection & Maintenance	Contracted to:				
	Operation	Combrants data				
LJ	Орегация	Contracted to:				
	Customer Connection	Contracted to:				
	Standard Supply Service	Contracted to:				
	Metering & Metering Services	Contracted to:				
	Settlement & Billing	Contracted to:				
	Other (describe):	Contracted to:				

Mr.		Last Name:		full First Name:		Initial:	
		Position Held:					
Other:	1-: the new	1	* * * * * * * * * * * * * * * * * * * *			•	
Please exp	plain the pers	son's experience in the ele	ectrical distribution	n business and in the energy	y field in gei	neral.	
a) Has this	nerson bee	n a proprietor partner offi	ficer or director of	a business that was granted	! a	Yes	No
		or Part V of the <i>Ontario</i> I					
If yes, p experier		ess names and licence nu	umber(s) and des	cribe the individuals specific	related		

•••••••••••	••••••••••••	•••••••••••••••••••••••••••••••••••••••	••••••		••••••		***************************************
•••••••••••••••••••••••••••••••••••••••			•••••••••••••••••••••••••••••••••••••••		•••••	••••••••••	••••••
b) Has this	person beer	n a proprietor, partner, offi	icer, or director of	a business that was registe	red or	Yes	No
licenced	under this c	or any other acts or legisla	ition?				
If yes, id	lentify the bu	isiness name, the legislation Individual's specific related	ion, licence numbe	er(s), date of the licencing or	r		
							·
	•••••		***************************************		*******************		••••••
				a business that had a registr	ration or	Yes	No
	·	efused, suspended, revoke				Ш	
If yes, please provide company name and describe the situation, including the jurisdiction and type of licence.							
•••••	••••••						
•••••			•••••				

Note:

Attach a copy of Item 16 for each Key Individual: Officer and Director, Partner or sole Proprietor.

Financial Information

17. Financial Statements

Please attach financial statements of the Applicant for each of the past two fiscal years. This may include audited financial statements, annual reports, prospectuses or other such information.

Other Information

18.	Del	ive	ry

10.	Delivery
Ple	ease indicate whether the Applicant's distribution facilities are to be used to deliver electricity to one or Yes No ore parties other than the Applicant. If yes, please provide the following information:
(a)	if the purpose of the Applicant's distribution facilities is to provide distribution services to specific generators or load customers rather than the general public (see question #8) please indicate the names of these participants:
b)	a summary of the business plans relating to the Applicant's proposed distribution business for the next five years. This should include the following:
	 a forecast of annual growth in terms of factors such as the amount of electricity distributed (MW and/or MWH), number of customers served, amount of distribution facilities (lines and/or stations), etc.
	 annual pro forma financial statements including forecasts of costs, revenues and project financing indicating the underlying assumptions on which the forecasts are based.
c)	estimates of net annual cash flows for subsequent periods to demonstrate financial feasibility and security.
d)	indication of the Applicant's plans to seek Ontario Energy Board approval for electricity distribution rates.

19. Proposed Business Transactions					
Please provide a brief summary of the expected impact of under the following headings:	of the proposed business transactions on the Ontario electricity market				
a) Facilitate competition and enhance access to transm	ission/distribution services:				
b) Improve reliability and quality of supply:					
c) Promote economic and energy efficiency:					
20. Electricity Sector Activities					
Please indicate whether the Applicant intends to be involdistribution and provision of Standard Supply Service?	ved with electricity sector activities in the Ontario market other than				
Buy or Sell (Wholesale) electricity	Yes No				
Transmit electricity					
Retail electricity					
Generate electricity	☐ Eastview Road Landfill Gas Electricity Generation Facility Electricity Generation license EG-2004-0438				
If yes to any of the above:					
a) If affiliates have not yet been established, please indic	cate when this is planned: The Eastview Road Generation Facility will not be operated through an affiliate				

b)	Has the Applicant or an affiliate applied for Ontario Energy Board Licences? If no, when planned?	Yes	No	

D. Notice and Consent for Ontario Board to Collect Additional Information

AS REQUIRED BY THE FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT

In order to complete or verify the information provided on this form, it may be necessary for the Ontario Energy Board to collect additional information from some or all of the following sources: federal, provincial/state and municipal governments; licensing bodies; banks; professional and industry associations; and former and current employers. **Only information relevant to your application will be collected.**

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

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

Note: The issuance of an electricity distribution licence does not guarantee accreditation by the IESO, or connection to a transmission or distribution system.

NOTE: This application must be signed by the proprietor or by at least one partner, officer or director of the organization. WARNING: It is an offence to knowingly provide false information on this application. Yes I/We consent to the collection of this information as authorized under the Ontario Energy Board Act, |X|1998. Yes I/We understand that this information will be used to determine whether I am/we are and remain qualified for the licence for which I am/we are applying. Signature of Applicant(s) Print Name and Title **Date Signed** Malero Pankaj Sardana, CEO May 10, 2013 Guelph Hydro Electric Systems Inc.

E. Acknowledgement of Market Rules, Codes and Conditions

NOTE:	This acknowledgement must be organization.	oe signed by the proprietor or by at least one	e partner, officer or director of the					
I understan	nd and acknowledge that, as a l	icenced electricity distributor, I will be requir	red, unless otherwise exempted:					
• To	To provide non-discriminatory access to all persons wishing to connect to the distribution system.							
- - - -	 Retail Settlement Code Standard Supply Service Code Retail Metering Code 							
Print Name and Title		Signature of Applicant(s)	Date Signed					

CHECK	LIST	
Have Yo	ou:	
1.	Properly and fully completed this form? (Illegible, incomplete or improperly completed forms do not qualify for registration and will be delayed or returned.)	
2.	Enclosed a cheque or money order payable to the ONTARIO ENERGY BOARD in the amount prescribed?	
3.	Attached Section D, the signed "Notice and Consent" form, as specified?	
4.	Attached Section E, the "Acknowledgement" form, as specified?	
5.	Submitted two copies of the application?	
Please	send the completed form and all attachments to:	
	Board Secretary Ontario Energy Board 2300 Yonge Street P.O. Box 2319, 26th Floor Toronto, ON M4P 1E4	
NOTE:	You are not required to return the cover page or this checklist to the Ontario Energy Board	