

Ontario Energy  
Board  
P.O. Box 2319  
2300 Yonge Street  
27<sup>th</sup> 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<sup>e</sup> 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 - 2019-0148
Date Received	May 6/19

### 1. The Applicant

Legal Name of the Applicant : Link Energy Supply Inc.

RECEIVED  
MAY 03 2019

Name to Appear on Licence: Link Energy Supply Inc.

ONTARIO ENERGY BOARD

☒ 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: September 19, 2012

Place of formation or incorporation: Montreal

Province/state Quebec

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"/>	Parent	Darryl	
Other <input type="radio"/>		Title/Position		
		EVP, Operations		
		Company Name if different from Name to Appear on Licence		
		Link Energy Supply Inc.		

Licence Primary Contact Address:

275, chemin Bord-du-Lac Lakeshore

City	Province/State	Country	Postal/Zip Code
Pointe-Claire	Quebec	Canada	H9S4L1

Phone Number	Toll Free (if available)	Fax Number	E-mail Address
905-339-8066	1(855)444-5465		darryl.parent@linkenergy.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 checked="" type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	Eisenberg	Robert	
Other <input type="radio"/>		Title/Position		
		Associate		
		Company Name if different from Name to Appear on Licence		
		WeirFoulds LLP		

Address for Service in Ontario (if different than the Licence Primary Contact Address above)

4100-66 Wellington St. W., PO Box 35, TD Bank Tower

City	Province	Postal Code
Toronto	ONTARIO	M5K 1B7

Phone Number	Toll Free (if available)	Fax Number	E-mail Address
416-365-1110		416-365-1876	reisenberg@weirfoulds.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 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"/>	Burns	James	<input type="text"/>
Other <input type="radio"/>	<input type="text"/>	Title/Position	<input type="text"/>	
		Customer Service Manager		
		Company Name if different from Name to Appear on Licence	<input type="text"/>	
		Link Energy Supply Inc.		

Customer Complaint or Inquiries Primary Contact Address:

7-841 Sydney Street, Suite 316

City	Province	Postal Code
Cornwall	ONTARIO	K6H 7L2

Phone Number	Toll Free	Fax Number	E-mail Address
647-361-8114	1(855) 444-5465	1 (855) 440-5465	customerservice@linkenergy.com

## 5. Type of Application

- ☐ New licence
- ☒ Renewal, please provide the licence number and expiry date of the existing licence  
Licence Number: GM- 2014-0151      Expiry Date: 2019/09/03

## 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.

Link Energy

## 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](http://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
Link Energy Supply Inc.	Applicant itself	GM-2014-0151
Link Energy Supply Inc.	Applicant itself	ER-2014-0136

- (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)
Link Energy Supply Inc.	Electricity Retailer	ER-2014-0136

- (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.
Link Energy Supply Inc.	Alberta	Electricity Retailer	Services Alberta	337994
Link Energy Supply Inc.	Alberta	Natural Gas Retailer	Services Alberta	344323

## 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)
Wayne Burke	President
Richard Fortin	Chief Financial Officer
Darryl Parent	EVP, Operations

## 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 50,000m<sup>3</sup> 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.

July 2020

---