Lionno

Ontario Energy Board P.O. Box 2319 2300 Yonge Street 27th Faor Toronto ON M4P 1E4 Telephone: 1-888-832-8273 Facsimile: (418) 440-7656 Commission de l'énergie l'Ontario C.P. 2319 2300, rue Yonge 27e étage Toronto ON M4P 1E4 Téléphone: 1-888-632-6273 Télécopleur: (416) 440-7855





ONTARIO ENERGY BOARD

Application for an Electricity Wholesaler Licence

For Office Use Only		
Application Number	EB-2019-0226	
Date Received	Sept.10/19	

1. The Applicant				,	
Legal Name of the	Applicant : Eacom Timber Corporation				
Business Classifica	tion:				
Sole Proprietor					
☐ Partnership					
✓ Corporation					
Other (describe)	<u></u>				
Date of formation o	r incorporation; M	larch 15, 2013			
Place of formation of	or incorporation:				
Province/State	British Columbia				
Country	Canada				
If the applicant is ar she at least 18 year	i individual, the aps old?	oplicant must be at least 18 years	s old. If the applicant is a	n individual, is he or	
☐ Yes					
□ No					
☐ Not Applicable -	not an individual				
Head Office or Bus	iness Address of	Applicant			
1100, boul. René-l	-évesque, bureau	2110			
City		Province/State	Country	Postal/Zip Code	
Montreal		Quebec	Canada	H3B 4N4	
Phone Number		Toll Free (if available)	E-mail Address		
514-848-5165			info@eacom.ca		
Website Address	www.eacom.ca				

2. Application Type				
✓ New				
Renewal, provide the lic	ence number and expiry date of the curr	ent licence.		
Licence Number Expiry Date				
3. Licence Primary Co	ntact			
The licensee shall designate	e a person who will act as primary contac	t with the OEB on matte	rs related to the licence.	
	Last Name		Initial	
Mr. @ Mrs. C	Lévesque	André		
Miss C Ms. C	Title/Position			
Other C	Director-Purchasing & Stores		SOCIAL COM A A-M	
	Company Name			
	Eacom Timber Corporation			
Licence Primary Contact A	ddress:	***************************************	17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
1100, boul. René-Léves				
City	Province/State Country Postal/Zip Code			
Montreal	Quebec	Canada	H3B 4N4	
Phone Number	Toll Free (if available)	E-mail Address	OFFICE AND ASSESSMENT OF THE A	
514-848-6815		andre.levesque@e	eacom.ca	
4. Application Primary	Contact			
Indicate if same as abo	ove. Proceed to section 5.			
primary contact noted above contact for the licence applic	licence application may be a person with e. An applicant may also choose to designation. The OEB will communicate with the discence primary contact after a licence is	gnate a consultant, lawye his person during the co	er, etc. to be the primary	
	Last Name	First Name	Initial	
Mr. C Mrs. C				
Miss C Ms. C	Title/Position	, , , , , , , , , , , , , , , , , , , ,		
Other C				
	Company Name			

Application Primary Conta	ct Address:	The same of the sa		
	······································	9191190CCC004ABONIAA-41-CS-44	**************************************	
City	Pro	ovince/State	Country	Postal/Zip Code
		· ·		
Phone Number	Toll Fr	ee (if available)	E-mail Address	

per organ . I . In It				
5. Trade Names				
				me under which the licence is
held (i.e. the applicant's leg			n trade frames by the lice	ansee.
Does the applicant intend to				
		ne applicant intends to	use in the space provide	ed below.
No, proceed to sec	tion 6.			
		<u> </u>	CONTRACTOR OF THE CONTRACTOR O	
				44-1,
	·, · · · · · · · · · · · · · · · · · ·			
		M		
6. Applicant's Licens	ing Status and	d History		
• •	_	·	ntity (e.g., a partnership or	limited partnership), ever been
			for affiliate can be found at	
Yes, provide detail	s of current and e	expired licences in the	table below.	
✓ No, proceed to 6(b)).			
The state of the s		Polotion to	the Applicant	
Licensee Nan	ne	1	the Applicant f, affiliate, partneretc.)	Licence Number
	Westerness		47-000-00-00-00-00-00-00-00-00-00-00-00-0	
	, , , , , , , , , , , , , , , , , , , ,			
				
		N		

Applicant Name		Relationship to this Applicant		Type of Application	OEB File Number
 Has the applicant other jurisdiction 			t, or an associated (entity ever undertaken end	ergy sector activity in any
· ·	tails in the table b				
Yes, provide de		pelow.	Jurisdiction	Business Activity	Name of Licensing Boo and Licence/Registratio No. (if applicable)
Yes, provide de	tails in the table b	pelow.	Jurisdiction	Business Activity	Name of Licensing Boo and Licence/Registratio
Yes, provide de	tails in the table b	pelow.	Jurisdiction	Business Activity	Name of Licensing Boo and Licence/Registratio

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)
Kevin Edgson	Chief Executive Officer
Patrick Belisle	Chief Financial Officer
Wade Zammit	Chief Operating Officer

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.