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ONTARIO ENERGY BOARD



Commission de l'énergie l'Ontario C.P. 2319 2300, rue Yonge 27e étage Toronto ON M4P 1E4 Téléphone: 1-888-632-6273 Télécopieur: (416) 440-7656 Application for an Electricity Retailer Licence

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

For Office Use Only				
Application Number EB - 2019 - 0274				
Date Received	Nov. 11/19			

1. The Applicant		,
Legal Name of the Applicant :	TransAlta (SC) Inc. on behalf of TransAlta (SC) L.P.	
Name to Appear on Licence:	TransAlta (SC) Inc. on behalf of TransAlta (SC) L.P.	
Indicate if the name to appear	on the licence is the same as the legal name.	
Please note that if the name to application appear on the notice of application appear.	ear on the licence is not the same as the legal name, the name or ant and the legal name must appear first. The "Name to Appear and on the licence.	n the licence must on Licence" will
Business Classification:		
○ Sole Proprietor		
O Partnership		
Corporation		
C Other (describe)		
Date of formation or incorporation:		
Place of formation or incorporation:		
Province/state		
Country		
If the applicant is an individual, the a	applicant must be at least 18 years old. e or she at least 18 years old?	
○ Yes		
○ No		
Not applicable - not an individua		

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.

	Last Name	First Name	Initial
Mr. ⊜ Mrs. ⊚	Ohreen	Paula	
Miss C Ms. C	Title/Position		
Other C	Trading Compliance Program Coordinat	or	
	Company Name if different from Name t	o Appear on Licence	
	TransAlta		
Licence Primary Contact Add	ress:		
110 - 12 Avenue SW			
City	Province/State	Country	Postal/Zip Code
Calgary	Alberta	Canada	T2R 0G7
Phone Number Toll	Free (if available) Fax Number	E-mail Address	
403-267-4751		paula_ohreen@transalta.co	om

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.	Last Name Heaman	1	First Name rian	Initial	
Miss O Ms. C	Title/Position			,	
Other C	_ Manager, Comme	Manager, Commercial			
	Company Name if	different from Name to A	Appear on Licence		
Address for Service in C	Address for Service in Ontario (if different than the Licence Primary Contact Address above)				
1475 Vidal Street S					
City		Province	Postal Code		
Sarnia		ONTARIO	N7T 7V2		
Phone Number	Toll Free (if available)	Fax Number	E-mail Address		
519-464-5836		519-464-5832	brian_heaman@transalta.com		

\boxtimes	Indicate if same as above. If yes, proceed to section 4.
,	primary contact for the licence application may be a person within the applicant's organization other than the licence
	emicrophicat mated above. An applicant may also aboase to decimate a consultant layrush ata to be the primary

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.

-	Mrs. C Ms. C	Last Name Title/Position Company Name if different		First Name Appear on Licence	Initial
Application Pri	mary Contact	Address:			1
City		Province/State		Country	Postal/Zip Code
Phone Numbe		ll Free (if available) Fax Nu	umber	E-mail Address	

4. Customer Complaint or Inquiries Primary Contact

3. Application 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. If the applicant intends to retail electricity to low-volume consumers (annually consuming less than 150,000 kilowatt hours of electricity), the applicant should also provide a telephone number which may be reached by the general public without a charge.

Mr. © Miss C Other C	Mrs. O	Last Name Heaman Title/Position Manager, Comme		First Name Brian e to Appear on Licence	Initial
Customer Co	omplaint or I	nquiries Primary Contac	ct Address:		
City 1475 Vidal S	Street S		Province ONTARIO	Postal Code N7T 7V2	
Phone Numb 519-464-583		Toll Free	Fax Number 519-464-5832	E-mail Address brian_heaman@tranalta	.com

5. Type of Application		
O New licence		
• Renewal, please provide the licence nu	ımber and expiry date of the existing licence	
Licence Number: ER- 2014-0374	Expiry Date: January 28, 2020	
6. Trade Names		
The electricity retailer licence authorizes the held. It also provides for the use of trade n	ne licensee to conduct business using the name ames by the licensed electricity retailer.	e under which the licence is
Does the applicant intend to use trade name	nes?	
Yes, provide a list of trade name	es the applicant intends to use in the space pro	vided below.
No, proceed to 7.		
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		A STATE OF THE STA
7. Applicant's Licensing Status a	nd History	
• • • • • • • • • • • • • • • • • • • •	pplicant, or an associated entity (e.g., a partner Business Corporations Act definition for affiliate	
Yes, provide details of current a	nd expired licences in the table below.	
No, proceed to 7(b).	•	
	Relation to the applicant	
Licensee Name	(e.g., applicant itself, affiliate, partneretc.)	Licence Number
See: ER-2014-0374 - Attachment 1		
- Made approximation of the second of the se		V4 W-0-100-0-10-1
,		
	,	
1		

have any other ap	t, an affiliate of the applic plication(s) before the Ol le details in the table bel	EB?	ted entity (e.g.,	a partnership o	r limited partnership)
No, procee		O vv.			
Applicant N		Type of Application		1	rgy Board File Number f applicable)
making and a state of the state					
	an affiliate of the applica censed energy sector ac				
	details of current and ex				
☐ No					
Company Name	Jurisdiction	Business Activ	vity Name o	f Licensing Body	Licence/Registration No.
See Attachment 1			And the contrast of the contra		
8. Officers, Directo	ors and Key Individ	uals			
(a) If the applicant is a and title.	a corporation, provide as	a separate attach	ment a list of al	l officers and dir	ectors, including name
following functions	y individuals below. The for the applicant: regula	tory requirements	and conduct, fi	nancial matters	and technical matters.
Note: Please list explain	a minimum of three ke	y individuals. If u	nable to prov	ide a minimum	of three, please
Name o	of Key Individual		•	• •	t's business (or identify licant's business)
Aron Willis		S	VP, Growth		
Brent Ward		Т	Treasurer & CFO TA RNW		
Gary Woods		N	Managing Director, Gas & Renewables		

y. II	itended Services and imarkets
(a)	Intended Services: please identify which of the following services the applicant intends to offer. You may select as many as applicable.
	to sell or offer to sell electricity to low-volume consumers (annually consuming less than 150,000 kilowatt hours of electricity) in Ontario.
\boxtimes	to sell or offer to sell electricity to large-volume consumers (annually consuming more than 150,000 kilowatt hours of electricity) in Ontario.
	to act as an agent or broker for a retailer with respect to the sale or offering for sale of electricity to large-volume consumers, or as an agent or broker for large-volume consumers with respect to the sale or offering for sale of electricity in Ontario.
	to act as an agent or broker for a retailer with respect to the sale or offering for sale of electricity to low-volume consumers, or as an agent or broker for low-volume consumers with respect to the sale or offering for sale of electricity in Ontario.
ls the	applicant currently providing any of the above listed services?
X	Yes, provide a list of the services the applicant is currently providing.
,	Currently selling to large-volume consumers (annually consuming more than 150,000 kilowatt hours of electricity)
	No, indicate when the applicant intends to provide these services.
(b)	Wholesale Market Participation: does the applicant intend to operate in the IESO-administered markets and settle bilateral contracts through the IESO?
	Yes
\boxtimes	No, please explain how the applicant intends to participate.
	Direct connection from generation facility to load.
(c)	Retail Market Participation: does the applicant intend to settle the wholesale market cost of electricity consumed by its customers through a distributor's settlement system?
	Yes
\boxtimes	No, please explain how the applicant intends to participate.
	Commercial contract.
	•

(g) I understand and acknowledge that, as a licensed electricity retailer, I must enter into a service agreement with the distributor before registering customers in a distributor's service area.

Name	Signature	Date
Aron Willis	Mortale	Sept. 3, 2019
Brent Ward	ButWard	SeA 3, 2019
Gary Woods	A.f	Nov 7, 2019

Must be signed by:

(a) the proprietor or by at least one partner, officer or director of the organization; and

(b) each key individual identified in section 8(b)