

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. General information

1. Type of Application

- | | |
|----------------------------------|-------------------------------------|
| New licence | <input type="checkbox"/> |
| Renewal | <input checked="" type="checkbox"/> |
| Amendment to an existing Licence | <input type="checkbox"/> |

2. Ownership/Operation

Please indicate whether the Application is for:

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Ownership and Operation of a distribution system |
| <input type="checkbox"/> | Ownership of a distribution system only. Please provide the name and licence no., if any, of the operator of the distribution system? |
| <input type="checkbox"/> | Operation of a distribution system only. Please provide the name and licence no., if any, of the owner of the distribution system? |

3. Applicant

Please provide the following information about the Applicant:

Full Legal Name of Applicant Hearst Power Distribution Co. Ltd.		Ontario Corporation Number, Canadian Corporation Number or Business Registration Number Ontario Corp #1448478	Date of Formation or Incorporation Nov 2, 2000
Business Address: 925 Alexandra St.			
City Hearst	Province ON	Country Canada	Postal/Zip Code P0L 1N0
Phone Number 705-372-2815	FAX Number	E-Mail Address (if applicable) service@hearstpower.com	

4. Primary Contact for this Application

Please provide the following information about the Primary Contact for this Application:

Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____	Last Name: Richard	Full First Name: Jessey	Initial:
Position Held: General Manager			
Contact Address (if R.R., give Lot, Concession No. and Township) 925 Alexand St, P.O bag 5000			
City Hearst	Province ON	Country Canada	Postal/Zip Code P0L 1N0
Phone Number (705) 372-2815	FAX Number	E-mail Address (if applicable) j-richard@hearstpower.com	

5. Service Area

Please indicate the location (name of municipality or unorganized territory) of the Applicant's distribution facilities and provide a 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:

Location : The Town of Hearst as annexed on January 1st, 1989,
a. Including customers located at 112 Cloutier Rd N up to 120 Cloutier Rd N inclusively
b. Excluding the customers located at 54 Morin Rd up to 64 Morin Rd inclusively

The utility covers an area of 93 Km² and currently maintains 81 Km of overhead lines and 16 Km of underground lines.

6. Facilities Use

Please indicate whether the distribution facilities are for exclusive use by the Applicant.

Yes

No

☐☒

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):

Operating voltage : 14.4 KV
Length of distribution line : 81 Km of OH. + 16 Km of U.G.
Substations : Ø
↳ Hydro One owned

10. Location of Facilities

Please indicate whether the distribution facilities will be located on, over or under public streets or highways.

Yes ☒ No ☐

C. Supporting Information Organizational Information

11. Business Classification

Sole Proprietor	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

12. Affiliates of the Applicant

a) Please provide the following information for all Affiliates of the Applicant (attach a copy of 12(a) for each affiliate).			
Full Legal Name of Affiliate Company: The Corporation of the Town of Hearst			
Business Address: 925 Alexandra			
City Hearst	Province ON	Country Canada	Postal/Zip Code P0L 1N0
Tel. Number (705) 372-2800	FAX Number	E-Mail Address (if applicable)	
Description of Business Activities: Municipal services corporation Founded by tax payer revenue and government funding			
b) Please attach a Corporate organization chart describing the relationships between the Applicant and its Affiliates and, if applicable, the respective ownership percentages by the Applicant in each Affiliate.			

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Sole Proprietor	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

12. Affiliates of the Applicant

a) Please provide the following information for all Affiliates of the Applicant (attach a copy of 12(a) for each affiliate).			
Full Legal Name of Affiliate Company: Hearst Connect Corporation			
Business Address: 523 Hwy 11 East			
City Hearst	Province ON	Country Canada	Postal/Zip Code P0L 1N0
Tel. Number (705) 372-2848	FAX Number	E-Mail Address (if applicable)	
Description of Business Activities: Telecommunications including Internet, telephone, TV			
b) Please attach a Corporate organization chart describing the relationships between the Applicant and its Affiliates and, if applicable, the respective ownership percentages by the Applicant in each Affiliate.			

C. Supporting Information Organizational Information

11. Business Classification

Sole Proprietor	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

12. Affiliates of the Applicant

a) Please provide the following information for all Affiliates of the Applicant (attach a copy of 12(a) for each affiliate).			
Full Legal Name of Affiliate Company: Hearst Power Sales & Services			
Business Address: 925 Alexandra St.			
City Hearst	Province ON	Country Canada	Postal/Zip Code P6L 1N0
Tel. Number (705) 372-2820	FAX Number	E-Mail Address (if applicable)	
Description of Business Activities: Microfits (solar generation) is <u>primary activity</u> . Other services include providing business activities that enhance or develop the ability of its Subsidiaries, providing services related to improving energy efficiency as well as renting, selling or maintaining equipment and appliances.			
b) Please attach a Corporate organization chart describing the relationships between the Applicant and its Affiliates and, if applicable, the respective ownership percentages by the Applicant in each Affiliate.			

13. Energy Sector Activities

<p>Has the Applicant or an Affiliate undertaken any energy sector activities in Ontario or any other jurisdiction?</p> <p>If yes, please provide the following information for each:</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Full Legal Name of Company:</p> <p>Hearst Power Sales & Services</p>	<p>Licence/Registration Number: N/A</p> <p>MicroFits</p>
<p>Jurisdiction:</p> <p>Ontario</p>	<p>Type of Business Activity (e.g. Generation, Transmission, Distribution):</p> <p>Generation / MicroFits</p>

Technical Capability and Experience Information**14. Business Activities**

Please provide a description of the Applicant's business activities:

Electricity Distributor (LDC)

15. Technical Ability

a) Please describe the applicant's technical ability to carry out the activities applied for including the Applicant's specific experience in Ontario and in other jurisdictions.

Originally, Hearst Power dates back to 1954, where it first started to distribute electricity to customers in Hearst, under Hearst Power & Light Co. In 2022, Hearst Power has 7 Full time employees and over \$2M in Net Book value assets.

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:

<input type="checkbox"/> Design	Contracted to:
<input type="checkbox"/> Construction	Contracted to:
<input type="checkbox"/> Inspection & Maintenance	Contracted to:
<input type="checkbox"/> Operation	Contracted to:
<input type="checkbox"/> Customer Connection	Contracted to:
<input type="checkbox"/> Standard Supply Service	Contracted to:
<input type="checkbox"/> Metering & Metering Services	Contracted to:
<input type="checkbox"/> Settlement & Billing	Contracted to:
<input type="checkbox"/> Other (describe):	Contracted to:

16. Information About Each Key Individual

Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____	Last Name: <u>Richard</u>	Full First Name: <u>Jessy</u>	Initial: _____
Position Held: <u>General Manager / C.E.O.</u>			
Please explain the person's experience in the electrical distribution business and in the energy field in general. <u>> 8 years as CEO for Hearst Power Distribution</u>			
a) Has this person been a proprietor, partner, officer or director of a business that was granted a licence under Part IV or Part V of the <i>Ontario Energy Board Act, 1998</i> .			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, provide business names and licence number(s) and describe the individuals specific related experience. <u>Hearst Power Distribution → EB - 2002-0533</u>			
b) Has this person been a proprietor, partner, officer, or director of a business that was registered or licenced under this or any other acts or legislation?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, identify the business name, the legislation, licence number(s), date of the licencing or registration and the individual's specific related experience.			
c) Has this person been a proprietor, partner, officer or director of a business that had a registration or licence of any kind refused, suspended, revoked or cancelled?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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. Delivery**

Please indicate whether the Applicant's distribution facilities are to be used to deliver electricity to one or more parties other than the Applicant. If yes, please provide the following information:

Yes

☐

No

☒

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 the proposed business transactions on the Ontario electricity market under the following headings:

a) Facilitate competition and enhance access to transmission/distribution services:

Hearst Power will continue to offer very competitive distribution price to its customers as well as community support, presence, great customer service, local jobs and quick restore times when power outages occur.

b) Improve reliability and quality of supply:

Hearst Power continues to work on its reliability via its OEB approved distribution system plan (DSP) which includes a pole replacement program, adding in-line switches and animal protection devices.

c) Promote economic and energy efficiency:

Hearst Power should be Green Button certified in 2023, therefore this will offer more tools for consumers to be able to reduce/manage loads.

Hearst Power also offers its customers behind the meter info and financial assistance

recommendation when needed.

20. Electricity Sector Activities

Please indicate whether the Applicant intends to be involved with electricity sector activities in the Ontario market other than distribution and provision of Standard Supply Service?

Buy or Sell (Wholesale) electricity

Yes

☐

No

☒

Transmit electricity

☐
☒

Retail electricity

☐
☒

Generate electricity

☐
☒

If yes to any of the above:

a) If affiliates have not yet been established, please indicate when this is planned: _____

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

Yes

No

☒☐

Already licenced → EB-2002-0533

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.

I/We consent to the collection of this information as authorized under the *Ontario Energy Board Act, 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.

Yes
☒

Print Name and Title

Jessy Richard, General Manager

Signature of Applicant(s)

Jessy Richard

Date Signed


Nov 1, 2022

E. Acknowledgement of Market Rules, Codes and Conditions

NOTE: This acknowledgement must be signed by the proprietor or by at least one partner, officer or director of the organization.

I understand and acknowledge that, as a licenced electricity distributor, I will be required, unless otherwise exempted:

- To provide non-discriminatory access to all persons wishing to connect to the distribution system.
- To comply with all licence conditions including the provisions of:
 - Affiliate Relationships Code for Electricity Distributors and Transmitters
 - Distribution System Code
 - Retail Settlement Code
 - Standard Supply Service Code
 - Retail Metering Code
 - Market Rules made under section 32 of the *Electricity Act, 1998*.

Print Name and Title	Signature of Applicant(s)	Date Signed
Jessy Richard, General Manager		Nov 1, 2022