

Ontario Energy
Board de
P.O. Box 2319
2300 Yonge Street
27th 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^e étage
Toronto ON M4P 1E4
Téléphone: 1-888-632-6273
Télécopieur: (416) 440-7656



**Application for Electricity
Generator Licence
Standard Offer Program**

For Office Use Only	
Application Number	EB - 2007-0081
Date Received	2007-March-09

A. Applicant Information

1. Name to Appear on Licence

Wawa Biopower Corp.

2. Applicant's Business Information

<input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input checked="" type="radio"/> Corporation		Ontario Corporation Number/ Business Registration Number	Date of Formation
<input type="radio"/> Other		1698362	25 / 01 / 07
Contact Address (if RR, give Lot, Concession No. and Township)			
Box 1722 10 Caverhill st.			
City	Province/State	Country	Postal/Zip Code
Wawa	Ontario	Canada	P0S 1K0
Phone Number	Fax Number	E-mail Address	
705 856 9997	705 856 1661	diamond4@onlink.net	

3. Key Individual (Officer, Director, Partner, Proprietor)

Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/> Ms. <input type="radio"/>	Bilinski	Dave	M.
Other <input type="radio"/>	Position Held		
	president		

4. Primary Contact for this Application

Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/> Ms. <input type="radio"/>	Bilinski	Dave	M
Other <input type="radio"/>	Position Held and Company Name if different from Name to Appear on Licence		
Contact Address (if RR, give Lot, Concession No. and Township), or indicate as above in item 2 <input checked="" type="checkbox"/>			
City	Province/State	Country	Postal/Zip Code
Phone Number	Fax Number	E-mail Address	

5. Generation Facility

Describe the generation facility by providing the following information. If the Applicant has more than one facility, provide the information on additional facilities as an attachment.

Renewable Resource Type: Wind Small Hydro-Electric Solar Bio-Mass
 Other

Number of Units Total Installed Capacity CkW MW In Service Date

Facility Name and Address
Wawa Biopower
Lastheels Township
box 1722
Wawa On.
POS IKO

Responsibilities of Applicant: Own and Operate Own Only Operate Only

6. Licensing History

Has the Applicant been licensed by the Ontario Energy Board? If yes, please provide the licensed company name, address and licence number.

Yes No

7. Distribution Company

Identify the distributor to whose system the generation facility will be connected (directly or indirectly):

Great Lakes Power

The Applicant may need to acquire distribution structures and distribution equipment to connect the generation facility to the distributor listed above. Please note that in this instance the Applicant will need to advise the Board of its proposal to acquire distribution assets. Please contact the Market Information Hotline at 416-440-7604 or 1-888-632-6273 or email at market.operations@oeb.gov.on.ca for further information.