# 1. Applicant

Name of Applicant Lakefront Utilities Inc.	
	Telephone Number <u>905-372-2193</u>
Address 207 Division St.	Email Address regulatory@lusi.on.ca
Cobourg, Ontario K9A 3P6	Corporate Website www.lakefrontutilities.com
Licence Primary Contact:  Name and Title	Telephone Number <u>905-372-2193</u>
	Frank Adduses
Dereck Paul	Email Address
President and CEO	dpaul@lusi.on.ca
Application Primary Contact:	Telephone Number
(If different from Licence Primary Contact above) Name and Title	Email Address

#### 2. Current Licence Information

2.1	Licence Number <u>EC-2002-0545</u>
2.2	Licence Expiry Date December 21, 2023

# 3. Applicant's Key Individuals

Please provide a list of key individuals responsible for executing the following functions for the applicant: matters related to regulatory requirements and conduct, financial matters, and technical matters. The list must also include the executives responsible for the following roles: the chief executive officer, the chief operating officer, the chief financial officer or equivalent positions.

Name of Key Individua	Title/Position	Telephone Number	Email Address
Dereck Paul	President and CEO	905-372-2193	dpaul@lusi.on.ca
Adam Giddings	VP Regulatory Finance	905-372-2193	agiddings@lusi.on.ca

# 4. Affiliates of the Applicant

4.1 Please provide the following information for all Affiliates of the Applicant (attach a copy of 4.1 for each affiliate)

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	4.1.1	Full Legal Name of Affiliate Company Lakefront Utility Services Inc.

4.1.2	Description of Business Activities of Affiliate Company Responsible for the unregulated related businesses and manages the operation of water distribution systems.
4.1.3	If Affiliate Company is licensed, provide licensing information Affiliate is not licensed.
4.1.4	Affiliate Company's website, if available N/A

4.2 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.

### 5. Specification of Transmission Facilities

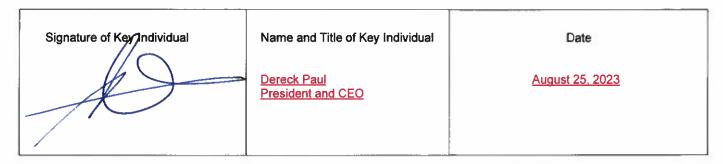
5.1	Please confirm that the licensee's transmission facilities are accurately described in Schedule 1 of its existing transmission licence. Lakefront confirms that the transmission facilities are accurately described in Schedule 1 of its existing transmission license.
5.2	If the transmission facilities are not accurately described in Schedule 1 of the licence, please provide an updated specification of the facilities and explanation for the discrepancy.

#### 6. List of Code Exemptions

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ı	6.1	Please list all code exemptions included in Schedule 3 of the licence and identify any code
		exemptions that are no longer necessary and may be removed from the licence. N/A

#### CERTIFICATION AND ACKNOWLEDGMENT

- 1. I certify that the information contained in this application and in the documents provided are true and accurate.
- 2. I confirm that there are no outstanding fees assessed by the OEB, RRR filings or other information requests.
- I certify that the licensee is compliant with all applicable provisions of the Transmission System Code and the
  Affiliate Relationships Code for Electricity Distributors and Transmitters, and all other conditions set out in their
  licence subject to any approved exemption(s).



(Must be signed by Chief Executive Officer, Chief Operating Officer, President or other person of equivalent position.)