



Ontario Energy Board
Commission de l'Énergie de l'Ontario
**Application for Electricity Retailer
Licence**

Ontario Energy Board
2300 Yonge Street
P.O. Box 2319
Toronto, ON M4P 1E4
Telephone: 1-888-632-6273
Facsimile: (416) 440-7656

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| For Office Use Only | |
|---------------------|--------------|
| Application Number | EB-2008-0290 |
| Date Received | Aug. 22/08. |

A. General information

1. Licence Name

Name of Applicant: St. Catharines HYDRO GENERATION INC

2. 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: PERRI | Full First Name: FRANK | Initial: M. |
| Position Held: GENERAL MANAGER | | | |
| Contact Address (if R.R., give Lot, Concession No. and Township) P.O. Box 3083 340 VANSICKLE RD. | | | |
| City ST. CATHARINES | Province/State ON | Country CANADA | Postal/Zip Code L2R 6R8 |
| Phone Number 905-323-3452 | FAX Number 905-684-3921 | E-mail Address fperri@schydro.com | |

3. Type of Application

| | |
|-------------|-------------------------------------|
| New licence | <input type="checkbox"/> |
| Renewal | <input checked="" type="checkbox"/> |

4. Business Classification

| | |
|-------------------|-------------------------------------|
| Sole Proprietor | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> |
| Corporation | <input checked="" type="checkbox"/> |
| Other (describe): | |

5. Trade Names

The standard electricity retailer licence authorizes the licensee to conduct business using the company name under which the licence is held. It also provides for the use of trade names by a licensed retailer.

Does your company intend to use trade names?

Yes

No

☐☒

If yes, please provide a list of all trade names your company intends to use in its retailing of electricity.

6. Type of Licence

a) Do you intend to retail electricity to small-volume consumers (consuming less than 150,000 kWh/year) in Ontario?

Yes

No

☒☐

b) Do you currently have contracts with small-volume consumers?

Yes

No

☒☐

One consumer - who is the owner of site - Generated power is used on site

c) Do you intend to retail electricity to large-volume consumers (consuming more than 150,000 kWh/year) in Ontario?

Yes

No

☐☒

d) Do you currently have contracts with large-volume consumers?

Yes

No

☐☒

Note: if no market is indicated, the Applicant will be assumed to be intending to serve both large volume and small volume consumers. If the Applicant indicates an intention to serve large-volume consumers only, a restricted licence may be issued.

e) Do you intend to act as an Agent?

Yes

No

☐☒

f) Do you currently offer contracts to act as an agent?

Yes

No

☐☒

g) Does your company intend to market green or alternative power?

Yes

No

☒☐

B. Information about the Applicant**7. Applicant**

| | | | |
|--|---------------------------------------|--|--|
| a) Application on behalf of: St. Catharines Hydro Generation Inc | | | |
| Full Legal Name of Applicant SAME AS ABOVE | | Ontario/Other Jurisdiction Corporation Number or Business Registration Number 1427957 | Date of Formation or Incorporation 2000 JUL 1 |
| b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township. SAME | | | |
| City | Province/State | Country | Postal/Zip Code |
| Phone Number | FAX Number | E-Mail Address (if applicable) | |
| c) Address for service in Ontario (if different from Business Address in 7b above). If R.R., give Lot, Concession No. and Township. | | | |
| City | Province | County | Postal Code |
| Phone Number | FAX Number | E-Mail Address (if applicable) | |
| d) Please provide contact information of the person to whom correspondence or communication regarding customer complaints or inquiries should be addressed | | | |
| Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> | Last Name: PERRI | Full First Name: FRANK | Initial: M. |
| Miss <input type="checkbox"/> Ms. <input type="checkbox"/> | Position Held: GENERAL MANAGER | | |
| Other: _____ | | | |
| Contact Address (if R.R., give Lot, Concession No. and Township) P.O. Box 3083 | | | |
| City St. Catharines | Province/State ON | Country CANADA | Postal/Zip Code L2R6R8 |
| Phone Number 905-323-3452 | FAX Number 905-684-3921 | E-Mail Address fperri@schydro.com | |

8. Licensing History

| | | | | |
|--|-------------------|----------------------------|--|---|
| a) Has the Applicant or an affiliate been licenced by the Ontario Energy Board? | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b) If yes, please provide the following information: | | | | |
| Company Name | Business Activity | Licence / Registration No. | | |
| St. Catharines Hydro Generation Inc. | Generator | EG 2003-0129 | | |
| Glenridge Gas Utilization Inc. | Generator | EG 2004-0440 | | |
| Glenridge Gas Utilization Inc. | Retailer | ER 2004-0439 | | |
| | | | | |
| | | | | |
| c) Has the Applicant or an affiliate marketed or sold electricity or natural gas in any other jurisdiction? If yes, provide the following information: | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Company Name | Jurisdiction | Business Activity | Licence / Registration No. | |
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