



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- 2007-0602
Date Received	Apr. 9/07

## A. General information

### 1. Licence Name

Name of Applicant:  
 NORTHERN CROSS ENERGY LIMITED

### 2. Primary Contact for this Application

Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name: THOMPSON	Full First Name: DAVID	Initial: R
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Position Held: PRESIDENT		
Other: _____			
Contact Address (if R.R., give Lot, Concession No. and Township) 840, 700-4 AVENUE SW			
City CALGARY	Province/State AB	Country CANADA	Postal/Zip Code T2P 3J4
Phone Number (403) 237-0055	FAX Number (403) 237 6255	E-mail Address dthompson@northerncross.ca	

### 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):	

## B. Information about the Applicant

### 7. Applicant

a) Application on behalf of:			
Full Legal Name of Applicant		Ontario/Other Jurisdiction Corporation Number or Business Registration Number	Date of Formation or Incorporation
NORTHERN CROSS ENERGY LIMITED		1032908	Oct-10-1984
b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township.			
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.			
145 A HURON ROAD			
City	Province	County	Postal Code
GODERICH	ONTARIO	CANADA	N7A 2Z7
Phone Number	FAX Number	E-Mail Address (if applicable)	
(519)524-5300	(519)524 5330		
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:	Full First Name:	Initial:
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	THOMPSON	DAVID	R
Other: _____	Position Held:		
	PRESIDENT		
Contact Address (if R.R., give Lot, Concession No. and Township)			
840, 700 4 AVE SW			
City	Province/State	County	Postal/Zip Code
CALGARY	AB	CANADA	T2P 3J4
Phone Number	FAX Number	E-Mail Address	
(403)237-0055	(403)237-6255	dthompson@northerncross.ca	

## 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

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

**8. Licensing History**

a) Has the Applicant or an affiliate been licenced by the Ontario Energy Board? Yes  No

b) If yes, please provide the following information:

Company Name	Business Activity	Licence / Registration No.
NORTHERN CROSS ENERGY LIMITED	RETAIL LICENCE	ER-2002-0226
NORTHERN CROSS ENERGY LIMITED	GENERATOR LICENCE	EG-2002-0225

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  No

Company Name	Jurisdiction	Business Activity	Licence / Registration No.