



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- 20080279 |
| Date Received | Aug. 1/08 |

A. General information

1. Licence Name

| | |
|--------------------|------------------------------|
| Name of Applicant: | Gateway Energy Services Ltd. |
|--------------------|------------------------------|

2. Primary Contact for this Application

| | | | |
|--|---|---------------------------------|-------------------------|
| Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> | Last Name: Loayza | Full First Name: Victor | Initial: R |
| Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____ | Position Held: Vice President and General Manager | | |
| Contact Address (if R.R., give Lot, Concession No. and Township) 175 Commerce Valley Drive Suite 310 | | | |
| City Thornhill | Province/State Ontario | Country Canada | Postal/Zip Code L3T 7P6 |
| Phone Number (416) 564-2110 | FAX Number (845) 913-9166 | E-mail Address vloayza@gesc.com | |

3. Type of Application

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

N/A

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

B. Information about the Applicant

7. Applicant

| | | | |
|--|----------------------------------|---|--|
| a) Application on behalf of: | | | |
| Full Legal Name of Applicant Gateway Energy Services Ltd. | | Ontario/Other Jurisdiction Corporation Number or Business Registration Number 002157310 | Date of Formation or Incorporation December 11th, 2007 |
| b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township. Same business address as indicated in question 2 | | | |
| 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 type="checkbox"/> Mrs. <input checked="" type="checkbox"/> | Last Name: Torres | Full First Name: Alexa | Initial: |
| Miss <input type="checkbox"/> Ms. <input type="checkbox"/> | Position Held: Consumer Advocate | | |
| Other: _____ | | | |
| Contact Address (if R.R., give Lot, Concession No. and Township) | | | |
| 400 Rella Boulevard | | | |
| City | Province/State | County | Postal/Zip Code |
| Montebello | NY | USA | 10901 |
| Phone Number | FAX Number | E-Mail Address | |
| (845) 503-5168 | (845) 503-2290 | qualityassurance@gesc.com | |

