



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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C.P. 2319
Toronto, ON M4P 1E4
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For Office Use Only	
Application Number	EB-2008-0291
Date Received	Aug. 26/08

A. General information

1. Licence Name

Name of Applicant:	AltaGas Energy Limited Partnership
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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: Wood	Full First Name: Brian	Initial: L
Position Held: Vice-President, AltaGas Energy Limited Partnership			
Contact Address (if R.R., give Lot, Concession No. and Township) 1700, 355 4th Avenue SW			
City: Calgary	Province/State: AB	Country: Canada	Postal/Zip Code: T2P 0J1
Phone Number: 403-206-2825	FAX Number: 403-206-2829	E-mail Address: brian.wood@altagas.ca	

3. Type of Application

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

4. Business Classification

Sole Proprietor	<input type="checkbox"/>
Partnership	<input checked="" type="checkbox"/>
Corporation	<input 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
☐ ☒

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

Ontario/Other Jurisdiction Corporation
Number or Business Registration NumberDate of Formation or
Incorporation

Altogas Energy Limited Partnership 141124156 Aug. 12, 2004

b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township.

1700 355 4th Ave SW

City

Province/State

Country

Postal/Zip Code

Calgary

AB

Canada

T2P 0J1

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.

5575 North Service Road, Suite 400

City

Province

County

Postal Code

Burlington

Ontario

Canada

L7L 6M1

Phone Number

FAX Number

E-Mail Address (if applicable)

905-635-3281

905-635-3281

d) Please provide contact information of the person to whom correspondence or communication regarding customer complaints or inquiries should be addressed

Mr. ☐ Mrs. ☐Miss ☐ Ms. ☒

Other: _____

Last Name:

Freund

Full First Name:

Stephanie

Initial:

Position Held:

Senior Energy Services Representative

Contact Address (if R.R., give Lot, Concession No. and Township)

5575 North Service Road, Suite 400

City

Province/State

County

Postal/Zip Code

Burlington

Ontario

Canada

L7L 6M1

Phone Number

FAX Number

E-Mail Address

905-88-4285

905-635-3281

stephanie.freund@altogas.ca

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.
ECNG Energy L.P.	Agent	ER-2004-0141

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.
AltaGas Energy L.P.	Alberta	Retailer	31645