



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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 Toronto, ON M4P 1E4  
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For Office Use Only	
Application Number	EB- 2009-0337
Date Received	Sept 7 2009

## A. General information

### 1. Licence Name

Name of Applicant:	ECNG ENERGY L.P.
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### 2. Primary Contact for this Application

Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name:	GUAY	Full First Name:	NEIL	Initial:
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Position Held:				
Other: _____	MANAGER, REGULATORY PROJECTS				
Contact Address (if R.R., give Lot, Concession No. and Township)					
1700, 355 4TH AVENUE SW					
City	Province/State	Country	Postal/Zip Code		
CALGARY	AB	CANADA	T2A 0J1		
Phone Number	FAX Number	E-mail Address			
403 691-7137	403 508-7269	neil.guay@altagas.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 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: ECNG ENERGY LP			
Full Legal Name of Applicant ECNG ENERGY LP		Ontario/Other Jurisdiction Corporation Number or Business Registration Number 141124149	Date of Formation or Incorporation Jan 11/2007
b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township. 400 - 5575 NORTH SERVICE ROAD			
City BURLINGTON	Province/State ONT	Country CANADA	Postal/Zip Code L7L 6M1
Phone Number 905 635 3264	FAX Number 905 635 3248	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. AS ABOVE			
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: KILLEEN	Full First Name: WILLIAM	Initial: R
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Position Held: DIRECTOR, ENERGY SUPPLY AND REGULATION		
Other: _____			
Contact Address (if R.R., give Lot, Concession No. and Township) AS ABOVE			
City	Province/State	County	Postal/Zip Code
Phone Number 905 635 3288	FAX Number	E-Mail Address bkilleen@ecng.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.		
ECNG ENERGY LP	GAS MARKETER	GM-2004-0427		
ECNG ENERGY LP	ELECTRICITY RETAILER	ER-2004-0441		
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 type="checkbox"/>
Company Name	Jurisdiction	Business Activity	Licence / Registration No.	
ECNG ENERGY L.P.	MANITOBA	GAS MARKETER LICENSE	536	
ECNG ENERGY L.P.	NOVA SCOTIA	GAS MARKETER LICENSE	NG-ECNG-GML	
ECNG ENERGY L.P.	NEW BRUNSWICK	GAS MARKETER CERTIFICATE	N/A 614905	