

Ontario Energy Board Commission de l'Énergie de l'Ontario

## Application for Licence to Market Natural Gas

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-2008-0278 |  |  |
| Date Received       | AUC.8/08     |  |  |

## A. General information 1. Licence Name Name to Appear on Licence: 2. Primary Contact for this Application Last Name: Full First Name; Mrs. Initial: Ms. Miss Position Held: Other: Contact Address (if R.R., give Lot, Concession No. and Township) Street: Postal/Zip Code Province/State Country 01 Phone Number FAX Number E-mail Address 3. Type of Application New licence Renewal 4. Business Classification Sole Proprietor Partnership Corporation Other (describe):

## 5. Trade Names

| The standard gas marketer 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 marketing natural gas.  |     |    |  |  |

6. Type of Licence

|    | ce to market natural gas  Licence to act as Agent Only   |     |       |
|----|--|-----|-------|
| a) | Do you intend to market natural gas to low-volume consumers (consuming 50,000m³ or less per year) in Ontario?        | Yes | No    |
| b) | Do you currently have contracts with low-volume consumers?   | Yes | No    |
| c) | Do you currently have an arrangement with a natural gas distributor to supply gas on behalf of low-volume consumers? | Yes | No    |
| d) | Do you intend to act as an Agent?  | Yes | No No |
| e) | Do you currently offer contracts to act as an agent?   | Yes | No    |

## B. Information about the Applicant

| 7. Applicant  a) Application on behalf or                  | f:                         |  |                                    |  |  |
|--|----------------------------|--|------------------------------------|--|--|
| Full Legal Name of Organia<br>Consolion Riv<br>Energy Corp | terate                     | Ontario or other Jurisdiction Corpo<br>Number or Business Registration | Date of Formation or Incorporation |  |  |
| b) Business Address (if di<br>Township.                    | fferent from Contact A     | Address in Question 2 above). If R.R.,                                 | give Lot, Concession No. and       |  |  |
| City   | Province/State             | Country  | Postal/Zip Code                    |  |  |
| Phone Number   | FAX Number                 | E-Mail Address (if ap  | plicable)                          |  |  |
| c) Address for service in C<br>Township.                   | Ontario (if different from | m Business Address in 7b above). If R                                  | .R., give Lot, Concession No. and  |  |  |
| City   | Province                   | Country  | Postal Code                        |  |  |
| Phone Number   | FAX Number                 | E-Mail Address (if ap  | E-Mail Address (if applicable)     |  |  |
| d) Please provide contact ir complaints or inquiries sl    | nformation of the person   | on to whom correspondence or commu                                     | unication regarding customer       |  |  |
| Mr. Mrs. D Miss Ms. D Other:                               | Last Name:                 | Full First Name:   | Initial:                           |  |  |
| Contact Address (if R.R., gi                               | ve Lot, Concession No      | o. and Township)   | ee/                                |  |  |
| City<br>Aurora   | Province/State             | Country  | Postal/Zip Code                    |  |  |
| Phone Number   | FAX Number                 | E-Mail Address (if app   |                                    |  |  |

905.726.8056

| 8. Licensing History                                  |   |   |                            |
|---|---|---|----------------------------|
| a) Has the Applicant or an                            | affiliate been licence                    | d by the Ontario Energy Board?                    | Yes No                     |
| b) If yes, please provide th                          | ne following information                  | on:   |                            |
| Company Name  |   | Business Activity                                 | Licence / Registration No. |
| Canadian Rit<br>Energy Corp                           | reRate<br>profilon                        | Natural Gas MKt'g.                                | CM. 2002. 0452             |
|   |   |   |                            |
|   |   |   |                            |
|   |   |   |                            |
| c) Has the Applicant or an yes, provide the following | affiliate marketed or s<br>g information: | sold electricity or natural gas in any other juri | sdiction? If Yes No        |
| Company Name  | Jurisdiction                              | Business Activity                                 | Licence / Registration No. |
|   |   |   |                            |
|   |   |   |                            |
|   |   |   |                            |
|   | ·   |   |                            |
|   |   |   |                            |