



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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C.P. 2319
Toronto, ON M4P 1E4
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For Office Use Only	
Application Number	EB- 2008-0279
Date Received	AUG. 8/08.

A. General information

1. Licence Name

Name to Appear on Licence:	GAS ONTARIO INC.
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2. Primary Contact for this Application

Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/>	Last Name: MASON	Full First Name: ANNE	Initial: M
Miss <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	Position Held: VICE PRESIDENT		
Other: _____			
Contact Address (if R.R., give Lot, Concession No. and Township) Street: 299 NORTHFIELD DRIVE, SUITE 1			
City: WATERLOO	Province/State: ONTARIO	Country: CANADA	Postal/Zip Code: N2K 4H2
Phone Number: 519-888-0335	FAX Number: 519-888-0644	E-mail Address: amason@gasontario.com	

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):	<input type="checkbox"/>

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.

GO ENERGY

6. Type of Licence

Licence to market natural gas

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Licence to act as Agent Only

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a)	Do you intend to market natural gas to low-volume consumers (consuming 50,000m ³ or less per year) in Ontario?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b)	Do you currently have contracts with low-volume consumers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
c)	Do you currently have an arrangement with a natural gas distributor to supply gas on behalf of low-volume consumers?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
d)	Do you intend to act as an Agent?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
e)	Do you currently offer contracts to act as an agent?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

B. Information about the Applicant

7. Applicant

a) Application on behalf of:			
Full Legal Name of Organization GAS ONTARIO INC.		Ontario or other Jurisdiction Corporation Number or Business Registration Number 002020289	Date of Formation or Incorporation DEC-20-02
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.			
City	Province	Country	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 type="checkbox"/> Miss <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Other: _____	Last Name: MASON	Full First Name: ANN E	Initial: M
Position Held: VICE PRESIDENT			
Contact Address (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)	

8. Licensing History

a) Has the Applicant or an affiliate been licenced by the Ontario Energy Board?

Yes
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No
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b) If yes, please provide the following information:

Company Name

Business Activity

Licence / Registration No.

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
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Company Name

Jurisdiction

Business Activity

Licence / Registration No.