



**FINANCIAL SERVICES DEPARTMENT
KITCHENER UTILITIES**

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Manager, Regulatory Affairs & Supply
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RECEIVED

FEB 05 2009

ONTARIO ENERGY BD

BY COURIER

February 4, 2009

Ontario Energy Board
Attn: Ms. Kirsten Walli, Board Secretary
P.O. Box 2319
2300 Yonge Street, 27th Floor
Toronto, Ontario, M4P 1E4

Dear Ms. Walli:

EB-2009-0048

OEB BOARD SECRETARY	
Sub File:	1
TO	TA
NA	

EB-2009-0048

Re: GM-2004-0237 – Gas Marketer License Renewal – The Corporation of the City of Kitchener – Utilities Division (“Kitchener”)

In response to Mr. Pickernell's letter to Mr. Malcolm dated January 23, 2009, please find enclosed two copies of Kitchener's application to renew its gas marketer license. We have included our non-refundable application fee in the amount of \$ 800.00 payable to the Ontario Energy Board ("Board").

Kitchener respectfully requests that the Board grants Kitchener the continuance of exemptions under the Code of Conduct for Gas Marketers ("Code") and the Natural Gas Reporting and Record Keeping Requirements (the "RRR") as granted on February 23, 2006 in the delegated Decision and Order from Mr. Garner under OEB docket EB-2005-0508. I have attached two copies of this Decision and Order to this application for renewal of Kitchener's gas marketer license.

If there are any questions or concerns with this application and request for continuance of exemptions under the Code and the RRR, please contact me at your earliest convenience.

Sincerely,

James A. Gruenbauer, CMA
Manager, Regulatory Affairs and Supply

Cc: W. Malcolm (Kitchener)
J. Alick Ryder, Q.C. (RWBH)



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

Commission de l'Énergie de l'Ontario
2300 rue Yonge
C.P. 2319
Toronto, ON M4P 1E4
Téléphone: 1-888-632-6273
Télécopieur: (416) 440-7656

For Office Use Only	
Application Number	EB-
Date Received	

A. General information

1. Licence Name

Name to Appear on Licence: THE CORPORATION OF THE CITY OF KITCHENER - UTILITIES DIVISION

2. Primary Contact for this Application

Mr. ☒ Mrs. ☐	Last Name: <u>MALCOLM</u>	Full First Name: <u>WALTER</u>	Initial: <u>J.</u>
Miss ☐ Ms. ☐ Other: _____	Position Held: <u>DIRECTOR OF UTILITIES</u>		
Contact Address (if R.R., give Lot, Concession No. and Township) Street: <u>CITY HALL, P.O. BOX 1118</u> <u>200 KING STREET WEST</u>			
City <u>KITCHENER</u>	Province/State <u>ON</u>	Country <u>CANADA</u>	Postal/Zip Code <u>N2G 4G7</u>
Phone Number <u>519 741 2538</u>	FAX Number <u>519 741 2633</u>	E-mail Address <u>WALLY.MALCOLM@KITCHENER.CA</u>	

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.

KITCHENER UTILITIES

6. Type of Licence

Licence to market natural gas



Licence to act as Agent Only



a)	Do you intend to market natural gas to low-volume consumers (consuming 50,000m ³ 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 ☒
e)	Do you currently offer contracts to act as an agent?	Yes ☐	No ☒

B. Information about the Applicant

7. Applicant

a) Application on behalf of:			
Full Legal Name of Organization THE CORPORATION OF THE CITY OF KITCHENER		Ontario or other Jurisdiction Corporation Number or Business Registration Number N/A	Date of Formation or Incorporation 1854 - AS VILLAGE OF BERLIN 1916 - AS CITY OF KITCHENER
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. ☒ Mrs. ☐ Miss ☐ Ms. ☐ Other: _____	Last Name: GRUENBAUER	Full First Name: JAMES	Initial: A.
	Position Held: MANAGER, REGULATORY AFFAIRS AND SUPPLY		
Contact Address (if R.R., give Lot, Concession No. and Township) CITY HALL, P.O. BOX 1118 200 KING STREET WEST			
City KITCHENER	Province/State ON	Country CANADA	Postal/Zip Code N2G 4G7
Phone Number 519 741 2616	FAX Number 519 741 2633	E-Mail Address (if applicable) JIM.GRUENBAUER@KITCHENER.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.		
THE CORPORATION OF THE CITY OF KITCHENER - UTILITIES DIVISION		NATURAL GAS AND WATER DISTRIBUTION UTILITY		GM-2004-0237 GM-1999-0035		
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.		