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-2009-0195
Date Received	June 24/09

A. General information

1. Licence Name

Name to Appear on Licence: SOCIAL HOUSING SERVICES CORPORATION

2. Primary Contact for this Application

Mr. ☑ Mrs. ☐ Miss ☐ Ms. ☐ Other: _____	Last Name: CHU	Full First Name: DAVID	Initial:
	Position Held: DIRECTOR, OPERATIONS AND CFO		
Contact Address (if R.R., give Lot, Concession No. and Township) Street: 390 BAY STREET, SUITE 710			
City TORONTO	Province/State ONT	Country CANADA	Postal/Zip Code M5H 2Y2
Phone Number 416 594 9325	FAX Number 416 594 9422	E-mail Address dchu@shscorp.ca	

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

Licence to market natural gas	☑	Licence to act as Agent Only	☐

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

B. Information about the Applicant

7. Applicant

a) Application on behalf of:

Full Legal Name of Organization	Ontario or other Jurisdiction Corporation Number or Business Registration Number	Date of Formation or Incorporation
SOCIAL HOUSING SERVICES CORPORATION		2002

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: CHU	Full First Name: DAVID	Initial:
	Position Held: DIRECTOR, OPERATIONS & CFO		

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

390 BAY STREET, SUITE 710

City	Province/State	Country	Postal/Zip Code
TORONTO	ONT	CANADA	M5H 2Y2

Phone Number	FAX Number	E-Mail Address (if applicable)
416 594 9325	416 594 9422	dchu@shscorp.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.

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.