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- 2009-0323
Date Received	Aug. 24/09

A. General information

1. Licence Name

Name to Appear on Licence: ENERSTREAM AGENCY SERVICES INC.

2. Primary Contact for this Application

Mr. ☑ Mrs. ☐ Miss ☐ Ms. ☐ Other: _____	Last Name: BARROTTA	Full First Name: CHARLIE	Initial: CB
	Position Held: V.P. EASTERN CANADA		

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

2233 ARGENTIA RD, SUITE 115

City MISSISSAUGA	Province/State ON	Country CANADA	Postal/Zip Code L5N 2X7
Phone Number (905) 813-9333	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.

EnerStream Agency Services Inc.

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? Details - call OEB *	☐	☑
e)	Do you currently offer contracts to act as an agent?	☑	☐

* Agent in this case would be an individual or group working on behalf of a Marketer to sign up customers. ie: An insurance agent who also sells energy contracts.

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
ENERSTREAM AGENCY SERVICES INC	845568625	AUG 19/08

b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township.

SAME AS ABOVE

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.

SAME AS ABOVE

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: HA	Full First Name: AUDREY	Initial: AH
	Position Held: OFFICE ADMINISTRATOR		

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

SAME AS ABOVE

City	Province/State	Country	Postal/Zip Code

Phone Number	FAX Number	E-Mail Address (if applicable)