



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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2300 rue Yonge  
C.P. 2319  
Toronto, ON M4P 1E4  
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Télécopieur: (416) 440-7656

For Office Use Only	
Application Number	EB- 2009-0336
Date Received	Sept. 9, 2009

**A. General information**

**1. Licence Name**

Name to Appear on Licence: ECNG ENERGY LP

**2. Primary Contact for this Application**

Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name: <u>GUAY</u>	Full First Name: <u>NEIL</u>	Initial:
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Position Held: <u>MANAGER, REGULATORY PROJECTS</u>		
Other: _____			
Contact Address (if R.R., give Lot, Concession No. and Township) Street: <u>1700, 355 4TH AVENUE SW</u>			
City <u>CALGARY</u>	Province/State <u>AB</u>	Country: <u>CANADA</u>	Postal/Zip Code <u>T2P 0J1</u>
Phone Number <u>403 691 7137</u>	FAX Number <u>403 508-7269</u>	E-mail Address <u>neil.guay@altagas.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.

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Does your company intend to use trade names? Yes  No

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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 <input type="checkbox"/>	Licence to act as Agent Only <input checked="" type="checkbox"/>
a) Do you intend to market natural gas to low-volume consumers (consuming 50,000m <sup>3</sup> or less per year) in Ontario?	Yes <input type="checkbox"/> No <input checked="" 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: ECNG ENERGY LP			
Full Legal Name of Applicant ECNG ENERGY LP		Ontario/Other Jurisdiction Corporation Number or Business Registration Number 141124149	Date of Formation or Incorporation Jan. 11/2007
b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township. 400 - 5575 NORTH SERVICE ROAD			
City BURLINGTON	Province/State ONT	Country CANADA	Postal/Zip Code L7L 6M1
Phone Number 905 635 3264	FAX Number 905 635 3298	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. AS ABOVE			
City	Province	County	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 checked="" type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name: KILLEEN	Full First Name: WILLIAM	Initial: R
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Position Held: DIRECTOR, ENERGY SUPPLY AND REGULATORY		
Other: _____			
Contact Address (if R.R., give Lot, Concession No. and Township) AS ABOVE			
City	Province/State	County	Postal/Zip Code
Phone Number 905 635 3288	FAX Number	E-Mail Address bkilleen@ecng.com	

### 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.
ECNG ENERGY LP	GAS MARKETER	GM-2004-0427
ECNG ENERGY LP	ELECTRICITY RETAILER	ER-2004-0441

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.
ECNG ENERGY L.P.	MANITOBA	GAS MARKETER LICENSE	536
ECNG ENERGY L.P.	NOVA SCOTIA	GAS MARKETER LICENSE	NG-ECNG-GML
ECNG ENERGY L.P.	NEW BRUNSWICK	GAS MARKETER CERTIFICATE	614905