Ontario Energy Board P.O. Box 2319 2300 Yonge Street 27<sup>th</sup> Floor Toronto ON M4P 1E4 Telephone: 1-888-632-6273 Facsimile: (416) 440-7656 Commission de l'énergie l'Ontario C.P. 2319 2300, rue Yonge 27e étage Toronto ON M4P 1E4 Téléphone: 1-888-632-6273 Télécopieur: (416) 440-7656





# Application for a Unit Sub-Metering Licence

For Office Use Only

Application Number EB - 2018 - 028)

Date Received Oct 1, 1/18

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If not the same as above, the name must include the legal name of the applicant and the legal name must appear first. The "Name to Appear on Licence" will appear on the notice and on the licence.  Date of formation or incorporation:  2. Licence Primary Contact  As a condition of licensing, the licensee shall designate a person who will act as primary contact with the OEB on matters related to the licence.  Mr. Mrs. Mrs. Toffoletto  John  Title/Position  Other Ms. Company Name if different from Name to Appear on Licence  Licence Primary Contact Address:  [7400 Birchmount Road  City Province/State Country Postal/Zip Code Markham  Ontario  Canada  Last Name First Name Initial  John  Title/Position  SENIOR VICE PRESIDENT, CHIEF LEGAL OFFICER AND CORPORATE SECRETARY  Company Name if different from Name to Appear on Licence  [7400 Birchmount Road  City Province/State Country Postal/Zip Code  Markham  Ontario  Last Name First Name  First Name  Contact Address:  [7400 Birchmount Road  City Province/State Country Postal/Zip Code  Markham  Ontario  Last Name First Name  Fortal Name  Contact Address:  [7400 Birchmount Road  City Province/State Country Postal/Zip Code	Legal Name of the Applicant :	egal Name of the Applicant : Enercare Connections Inc.			
If not the same as above, the name must include the legal name of the applicant and the legal name must appear first. The "Name to Appear on Licence" will appear on the notice and on the licence.  Date of formation or incorporation:  July 15, 2015  2. Licence Primary Contact  As a condition of licensing, the licensee shall designate a person who will act as primary contact with the OEB on matters related to the licence.  Mrs. Mrs. Toffoletto  Miss Ms. Tittle/Position  Other Company Name if different from Name to Appear on Licence  Licence Primary Contact Address:  T400 Birchmount Road  City Province/State Country Postal/Zip Code  Markham Ontario Canada L3R 5V4	Name to Appear on Licence:				
The "Name to Appear on Licence" will appear on the notice and on the licence.  Date of formation or incorporation:  July 15, 2015   2. Licence Primary Contact  As a condition of licensing, the licensee shall designate a person who will act as primary contact with the OEB on matters related to the licence.  Mr. Mrs. Mrs. Toffoletto  Miss Ms. Toffoletto  Other C  Other C  Licence Primary Contact Address:  T400 Birchmount Road  City  Province/State  Country  Postal/Zip Code  Markham  Ontario  Markham  Ontario  Licence Primary Contact Address:  Canada  Last Name  First Name  John  Initial  John  Title/Position  SENIOR VICE PRESIDENT, CHIEF LEGAL OFFICER AND CORPORATE SECRETARY  Company Name if different from Name to Appear on Licence  City  Province/State  Country  Postal/Zip Code	Indicate if same as above				
2. Licence Primary Contact  As a condition of licensing, the licensee shall designate a person who will act as primary contact with the OEB on matters related to the licence.    Mrs.   Last Name   First Name   Initial	The state of the s				
As a condition of licensing, the licensee shall designate a person who will act as primary contact with the OEB on matters related to the licence.    Mr.   Mrs.   Last Name   Initial	Date of formation or incorporation:	July 15, 2015			
Mr. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. M	2. Licence Primary Contact  As a condition of licensing, the licensee shall designate a person who will act as primary contact with the OEB on matters related to the licence.				
Miss C Ms. C Title/Position  Other C SENIOR VICE PRESIDENT, CHIEF LEGAL OFFICER AND CORPORATE SECRETARY  Company Name if different from Name to Appear on Licence  Licence Primary Contact Address:  7400 Birchmount Road  City Province/State Country Postal/Zip Code  Markham Ontario Canada L3R 5V4				Initial	
Other C SENIOR VICE PRESIDENT, CHIEF LEGAL OFFICER AND CORPORATE SECRETARY  Company Name if different from Name to Appear on Licence  Licence Primary Contact Address:  7400 Birchmount Road  City Province/State Country Postal/Zip Code  Markham Ontario Canada L3R 5V4	TOIL	oletto .	John		
Company Name if different from Name to Appear on Licence  Licence Primary Contact Address:  7400 Birchmount Road  City Province/State Country Postal/Zip Code  Markham Ontario Canada L3R 5V4	<u> </u>				
Licence Primary Contact Address:  7400 Birchmount Road  City Province/State Country Postal/Zip Code  Markham Ontario Canada L3R 5V4				TE SECRETARY	
7400 Birchmount Road           City         Province/State         Country         Postal/Zip Code           Markham         Ontario         Canada         L3R 5V4	Con	ipany Name if different from Name to	Appear on Licence		
7400 Birchmount Road           City         Province/State         Country         Postal/Zip Code           Markham         Ontario         Canada         L3R 5V4					
City     Province/State     Country     Postal/Zip Code       Markham     Ontario     Canada     L3R 5V4					
Markham Ontario Canada L3R 5V4					
		1	¬ [		
Phone Number Toll Free (if available) Fax Number E-mail Address	Markham	Ontario	Canada	L3R 5V4	
	Phone Number Toll Free (if available) Fax Number E-mail Address				
416-649-1862 N/A 416-649-1901 John.Toffoletto@enercare.ca	416-649-1862 N/A	416-649-1901	John.Toffoletto@enercare.c	ca	

The primary contact for the licence application may be a person within the applicant's organization other than the licence primary contact noted above. An applicant may also choose to designate a consultant, lawyer, etc. to be the primary						
		ove. An applicant may a plication. The OEB will c				
		contact after a licence is i		iis person ui	uning the course of	the application but
	, , , , , , , , , , , , , , , , , , ,	Last Name First Name Initial				
Mr. O	Mrs. C	Last Name				
Miss O	Ms. O	Title/Position				
Other		Title/T Osition				
		Company Name if	f different from Nam	e to Appear	on Licence	
Application P	rimary Con	tact Address:				
/ приноског /	minary con	taot / taarooo.			-	
City		Province/S	 State	Cour	ntry	Postal/Zip Code
Phone Numb	er	Toll Free (if available)	Fax Number	E-ma	ail Address	
		,				
L				the same of the sa		
4. Trade N	ames					
The unit sub-	meterina lica	ence authorizes the licen	see to conduct hus	iness usina	the name under wh	nich the licence is
	•	the use of trade names b		•		non the hoence is
Does the applicant intend to use trade names?						
Yes, provide a list of trade names the applicant intends to use in the space provided below.						
No, proceed to 5						
ENERCARE						
ENERCARE CONNECTIONS						

3. Application Primary Contact

Indicate if same as above. If yes, proceed to section 4.

## 5. Applicant's Licensing Status and History

(a)	Has the applicant or an affiliate of the applicant ever been licensed by the OEB? (the Business Corporations  Act definition for affiliate can be found at <a href="https://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90b16_e.htm">www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90b16_e.htm</a> )  Yes, provide details of current and expired licences in the table below  No, proceed to 5(b)			
	Licensee Name	OEB Licence Number		
ENEF	RCARE CONNECTIONS INC.	ES-2013-0417		
ENEF	RCARE CONNECTIONS INC.	ES-2009-0025		
(b)	<ul> <li>(b) Has the applicant or an affiliate of the applicant ever undertaken electricity sector activity in another jurisdiction within North America?</li> <li>☑ Yes, provide details of current and expired licences in the table below</li> <li>☐ No</li> </ul>			

Licensee Name	Jurisdiction	Business Activity
ENERCARE CONNECTIONS INC.	ALBERTA*	SUB-METER SERVICE PROVIDER
ENERCARE CONNECTIONS INC.	SASKATCHEWAN*	SUB-METER SERVICE PROVIDER
*No sub-metering licence currently required		

## 6. Officers, Directors and Key Individuals

- (a) Provide as a separate attachment a list of all officers and directors, including name and title.
- (b) Provide a list of key individuals below. The individuals listed must be the individuals that are responsible for executing the following functions for the applicant: matters related to regulatory requirements and conduct, financial matters and technical matters. These key individuals may include the Chief Executive Officer, the Chief Financial Officer, other officers, directors and proprietors.

Name of Key Individual	Title/Position within Applicant's Business (or identify company if not the Applicant's Business)	
Attached hereto as Appendix "B"	*	
	+	

# 7. Intended Services Please describe the applicant's intended services with respect to unit sub-metering: - metering services (i.e., installation, testing, reading and maintenance of meters) - billing and collection services - customer care services (e.g., call-centre). Is the applicant currently providing these services? Yes No, indicate when the applicant intends to provide these services

If the applicant objects to public disclosure of any of the information in the preceding sections, the applicant must notify the OEB and follow the OEB's Practice Direction on Confidential Filings.

### 13. Notice

The OEB is authorized, under section 4.14 of the *Ontario Energy Board Act, 1998*, to collect personal information for the purpose of carrying out its duties and exercising its powers under the *Ontario Energy Board Act, 1998* or any other Act.

The information provided both on this form and attached to this form is being collected by the OEB for the purpose of determining whether the applicant is qualified to receive the licence for which it is applying.

In order to verify the information on this form and/or determine whether the applicant is qualified to receive the licence for which it is applying, it may be necessary for the OEB to collect additional information from some or all of the following sources: federal, provincial/state, or municipal governments; licensing bodies; law enforcement agencies; credit bureaus; and banks. Only information relevant to the application or the OEB's determination of the application will be collected by the OEB.

The public official who can answer questions about the collection of the information is:

Board Secretary
Ontario Energy Board
P.O Box 2319
2300 Yonge Street, 27th Floor
Toronto, ON
M4P 1E4

Tel: 416-481-1967 or 1-888-632-6273

Applicants are reminded that the OEB is subject to the *Freedom of Information and Protection of Privacy Act* ("FIPPA"). FIPPA addresses circumstances in which the OEB may, upon request, be required to release information that is in its custody or under its control, and generally prohibits the OEB from releasing personal information. "Personal Information" has the meaning given to it under FIPPA.

## 14. Certification and Acknowledgement

I certify that the information contained in this application and in documents provided are true and accurate.

I understand and acknowledge that, as a licensed unit sub-meter provider, I must provide information as the OEB may require from time to time.

Print Name of Key Individual	Signature of Key Individual	Date
JOHN TOFFOLETTO		Sep-27-2018
(Must be signed by one of the key indi	viduals identified in section 6	
(mast 20 oighted by one or the ney man		