



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
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Toronto, ON M4P 1E4
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For Office Use Only	
Application Number	EB-2007-0621
Date Received	2007-Apr-1-27

A. General information

1. Licence Name

Name to Appear on Licence: SUPERIOR ENERGY MANAGEMENT, A DIVISION OF SUPERIOR PLUS LP

2. Primary Contact for this Application

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name: Robinson	Full First Name: Susannah	Initial: K.
Miss <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	Position Held: Vice President		
Other: _____			
Contact Address (if R.R., give Lot, Concession No. and Township) Street: 2001, 6860 Century Avenue East Tower			
City Mississauga	Province/State Ontario	Country Canada	Postal/Zip Code L5N 2W5
Phone Number 905-542-5471	FAX Number 905-542-7715	E-mail Address srobinson@superiorenergy.ca	

3. Type of Application

New licence

Renewal

4. Business Classification

Sole Proprietor

Partnership (Limited 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.

Superior Energy
Superior Energy Management

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 50,000m³ or less per year) in Ontario?

Yes

No

b) Do you currently have contracts with low-volume consumers?
For gas supply

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? For gas supply

Note: if no market is indicated, the Applicant will be assumed to be intending to serve both large volume and small volume consumers. If the Applicant indicates an intention to serve large-volume consumers only, a restricted licence may be issued.

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 Superior Plus LP	Ontario or other Jurisdiction Corporation Number or Business Registration Number LP12717351	Date of Formation or Incorporation September 29, 2006	
b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township. The business address for Superior Energy Management, a division of Superior Plus LP is the same as the Contact Address.			
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			
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. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Other: _____	Last Name: D'Silva	Full First Name: Yolanda	Initial:
Position Held: Compliance Officer			
Contact Address (if R.R., give Lot, Concession No. and Township) 2001, 6860 Century Avenue East Tower			
City Mississauga	Province/State Ontario	Country Canada	Postal/Zip Code L5N 2W5
Phone Number In care of Susannah Robinson 905-542-5471	FAX Number 905-542-7715	E-Mail Address (if applicable) ydsilva@superiorenergy.ca	

8. Licensing History

a) Has the Applicant or an affiliate been licenced by the Ontario Energy Board?		Yes	No
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) If yes, please provide the following information:			
Company Name	Business Activity	Licence / Registration No.	
Superior Propane Inc. (This application is for a renewal of this licence.)	Gas Marketers Licence	GM-2002-0313	
Superior Energy Management, a division of Superior Propane Inc.	Electricity Retailer Licence	GM-2005-0327	
Superior Energy Management Electricity LP has an application for an electricity retailer licence pending before the Ontario Energy Board.	Electricity Retailer Licence	EB-2007-0008	
Superior Energy Management Gas LP has an application for a gas marketers licence pending before the Ontario Energy Board.	Gas Marketers Licence	GM-2007-0084	
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
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Company Name	Jurisdiction	Business Activity	Licence / Registration No.
Superior Energy Management, a division of Superior Propane Inc.	Quebec	Gas Marketer Licence	N/A
Superior Energy Management	British Columbia	Gas Marketer Licence	BCUC Commission Order No. A-6-07