



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- 2008-0257
Date Received	July 4/08

A. General information

1. Licence Name

Name to Appear on Licence:	NATIONAL ENERGY CORPORATION
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2. Primary Contact for this Application

Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name: SILVESTRI	Full First Name: NINO	Initial: C.
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Position Held: Vice-President		
Other: _____			
Contact Address (if R.R., give Lot, Concession No. and Township) Street: Suite 1700, 25 Sheppard Avenue West			
City: Toronto	Province/State: ON	Country: Canada	Postal/Zip Code: M2N 6S6
Phone Number: 416-673-1161	FAX Number: 416-981-3085	E-mail Address: nsilvestri@universalenergy.ca	

3. Type of Application

New licence	<input checked="" type="checkbox"/>
Renewal	<input type="checkbox"/>

4. Business Classification

Sole Proprietor	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input checked="" type="checkbox"/>
Other (describe):	<input type="checkbox"/>

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.

National Energy
National Energy Solutions
Energy one
Energy One Canada

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?

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?

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 National Energy Corporation		Ontario or other Jurisdiction Corporation Number or Business Registration Number Ontario - 002037664	Date of Formation or Incorporation 16 December 2003
b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township. Suite 1600, 25 Sheppard Avenue West			
City Toronto	Province/State ON	Country Canada	Postal/Zip Code M2N 6S6
Phone Number 416-225-4115	FAX Number 416-221-4787	E-Mail Address (if applicable) edeyell@universalenergy.ca	
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. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____	Last Name: Drummond	Full First Name: Jonathan	Initial:
Position Held: Senior Director, Customer Care & Regulatory Affairs			
Contact Address (if R.R., give Lot, Concession No. and Township) Suite 1700, 25 Sheppard Avenue West			
City Toronto	Province/State ON	Country Canada	Postal/Zip Code M2N 6S6
Phone Number 416-673-4780	FAX Number 416-352-1999	E-Mail Address (if applicable) jdrummond@universalenergy.ca	

8. Licensing History

a) Has the Applicant or an affiliate been licenced by the Ontario Energy Board?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b) If yes, please provide the following information:				
Company Name	Business Activity	Licence / Registration No.		
Universal Energy Corporation	Gas Marketer	GM-2004-0537		
Universal Energy Corporation	Electricity Retailer	ER-2005-0261		
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 <input type="checkbox"/>	No <input type="checkbox"/>
Company Name	Jurisdiction	Business Activity	Licence / Registration No.	
Universal Energy Corporation	British Columbia	Gas Marketer	A-30-07	
Universal Gas & Electric Corporation	Michigan	Gas Marketer	U-14732	