



Ontario Energy Board
Commission de l'Énergie de l'Ontario

Application for Licence to Market Natural Gas

RECEIVED

Ontario Energy Board
2300 Yonge Street
P.O. Box 2319
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Toronto, ON M4P 1E4
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File # 1

EB-2009-0031

JAN 27 2009

ARIO ENERGY BD

For Office Use Only

Application Number EB- 2009-0031

Date Received Jan, 27/09

A. General information

1. Licence Name

Name to Appear on Licence: THE BUYING GROUP

2. Primary Contact for this Application

Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name: BROUDE	Full First Name: DAVID	Initial:
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Position Held: PRESIDENT		
Other: _____			
Contact Address (if R.R., give Lot, Concession No. and Township) Street: 18 LIMCOMBE DRIVE			
City THORNHILL	Province/State ONTARIO	Country CANADA	Postal/Zip Code L3T 2V5
Phone Number 905 764 1671	FAX Number 905 764 3500	E-mail Address broude@thebuyinggroup.ca	

3. Type of Application

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

THE BUYING GROUP

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 50,000m ³ or less per year) in Ontario? | Yes
<input checked="" type="checkbox"/> | No
<input 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 checked="" type="checkbox"/> | No
<input 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:			
Full Legal Name of Organization 868819 ONTARIO LTD		Ontario or other Jurisdiction Corporation Number or Business Registration Number	Date of Formation or Incorporation 1989
b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township.			
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.			
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: BROUDE	Full First Name: DAVID	Initial:
	Position Held: PRESIDENT		
Contact Address (if R.R., give Lot, Concession No. and Township) 15 LIMCOMBE DRIVE			
City THORNHILL	Province/State ONTARIO	Country CANADA	Postal/Zip Code L3T 2V5
Phone Number 905 764 1671	FAX Number 905 764 3500	E-Mail Address (if applicable) broude@thebuyinggroup.ca	