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- 2009-0037
Date Received	Jan 29/09

A. General information

1. Licence Name

Name to Appear on Licence: ENERGY SOURCE CANADA INC.

2. Primary Contact for this Application

Mr. ☒ Mrs. ☐ Miss ☐ Ms. ☐ Other: _____	Last Name: CORNIES	Full First Name: DAVE	Initial:
	Position Held: PRESIDENT		
Contact Address (if R.R., give Lot, Concession No. and Township) Street: 102 - 75 FARQUHAR STREET			
City GUELPH	Province/State ON	Country CANADA	Postal/Zip Code N1H 3N4
Phone Number (519) 826-0777	FAX Number (519) 837-0006	E-mail Address DCORNIES@ENERGYSOURCE.CA	

3. Type of Application

New licence	☐
Renewal	☒

4. Business Classification

FB 2009-0037

Sole Proprietor	☒
Partnership	☐
Corporation	☐
Other (describe):	☐

OEB BOARD SECRETARY	
File No:	Sub File: 1
Panel	
Licensing	TA
Other	
00/04	

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.

ENERGY SOURCE CANADA INC.

GLOWORM GAS

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 ☒	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	Ontario or other Jurisdiction Corporation Number or Business Registration Number	Date of Formation or Incorporation
ENERGY SOURCE CANADA INC	85851 - 2882	OCT 15 2002

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. ☒ Mrs. ☐ Miss ☐ Ms. ☐ Other: _____	Last Name:	Full First Name:	Initial:
	CORNIES	DAVE	
	Position Held: PRESIDENT		

Contact Address (if R.R., give Lot, Concession No. and Township)

102 - 75 FARQUHAR STREET

City	Province/State	Country	Postal/Zip Code
GUELPH	ON	CANADA	N1H 3N4.

Phone Number	FAX Number	E-Mail Address (if applicable)
(519) 826-0777	(519) 837-0006	DCORNIES@ENERGYSOURCE.CA