



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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2300 rue Yonge  
C.P. 2319  
Toronto, ON M4P 1E4  
Téléphone: 1-888-632-6273  
Télécopieur: (416) 440-7656

For Office Use Only	
Application Number	EB- 2009-0050
Date Received	Feb. 9/09

### A. General information

#### 1. Licence Name

Name to Appear on Licence:	TransCanada Energy Ltd.
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#### 2. Primary Contact for this Application

Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/>	Last Name: Kuntz	Full First Name: Margaret	Initial:
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Position Held: Regulatory Affairs		
Other: _____			
Contact Address (if R.R., give Lot, Concession No. and Township) Street: 55 Yonge Street			
City Toronto	Province/State ON	Country Canada	Postal/Zip Code M5E 1J4
Phone Number 416-869-2180	FAX Number 416-869-2114	E-mail Address margaret_kuntz@transcanada.com	

#### 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.

## 6. Type of Licence

Licence to market natural gas

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Licence to act as Agent Only

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a)	Do you intend to market natural gas to low-volume consumers (consuming 50,000m <sup>3</sup> or less per year) in Ontario?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b)	Do you currently have contracts with low-volume consumers?	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
d)	Do you intend to act as an Agent?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
e)	Do you currently offer contracts to act as an agent?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

## B. Information about the Applicant

### 7. Applicant

a) Application on behalf of:			
Full Legal Name of Organization TransCanada Energy Ltd.		Ontario or other Jurisdiction Corporation Number or Business Registration Number 332959-3	Date of Formation or Incorporation Jan. 1, 1997
b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township.  450 - 1st Street S.W.			
City Calgary	Province/State AB	Country Canada	Postal/Zip Code T2P 5H1
Phone Number 403-920-2153	FAX Number 403-920-2347	E-Mail Address (if applicable) margaret_crossen@transcanada.com	
c) Address for service in Ontario (if different from Business Address in 7b above). If R.R., give Lot, Concession No. and Township.  55 Yonge Street			
City Toronto	Province ON	Country Canada	Postal Code M5E 1J4
Phone Number 416-869-2180	FAX Number 416-869-2114	E-Mail Address (if applicable) margaret_kuntz@transcanada.com	
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: Kelly	Full First Name: Brian	Initial:
Position Held: Manager			
Contact Address (if R.R., give Lot, Concession No. and Township) 55 Yonge Street			
City Toronto	Province/State ON	Country Canada	Postal/Zip Code M5E 1J4
Phone Number 416-869-2183	FAX Number 416-869-2114	E-Mail Address (if applicable) brian_kelly@transcanada.com	