



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-2009-0058
Date Received	Feb. 18/09

### A. General information

#### 1. Licence Name

Name to Appear on Licence: *DIRECT ENERGY MARKETING LIMITED*

#### 2. Primary Contact for this Application

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name: <i>MASCIOLI</i>	Full First Name: <i>JOANNE</i>	Initial:
Miss <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	Position Held: <i>COMPLIANCE ANALYST, GOVERNMENT &amp; REGULATORY AFFAIRS - EASTERN CANADA</i>		
Contact Address (if R.R., give Lot, Concession No. and Township) Street: <i>2225 SHEPPARD AVENUE EAST, ATRIA III</i>			
City <i>TORONTO</i>	Province/State <i>ONTARIO</i>	Country <i>CANADA</i>	Postal/Zip Code <i>M2J 5C2</i>
Phone Number <i>416-758-4254</i>	FAX Number <i>416-758-4272</i>	E-mail Address <i>joanne.mascioli@directenergy.com</i>	

#### 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.

*DIRECT ENERGY*

*DIRECT ENERGY HOME SERVICES*

*DIRECT ENERGY BUSINESS*

## 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<sup>3</sup> 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 <i>DIRECT ENERGY MARKETING LIMITED</i>		Ontario or other Jurisdiction Corporation Number or Business Registration Number <i>340247</i> <i>(AMALGAMATION: 1787329)</i>	Date of Formation or Incorporation <i>DECEMBER 5, 1985</i> <i>(JANUARY 1, 2009)</i>
b) Business Address (if different from Contact Address in Question 2 above). If R.R., give Lot, Concession No. and Township. <i>25 SHEPPARD AVENUE WEST</i> <i>SUITE 1500</i>			
City <i>TORONTO</i>	Province/State <i>ONTARIO</i>	Country <i>CANADA</i>	Postal/Zip Code <i>M2N 6S6</i>
Phone Number <i>416-221-4441</i>	FAX Number <i>416-221-1243</i>	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 type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____	Last Name: <i>BALCH</i>	Full First Name: <i>KELLE</i>	Initial:
	Position Held: <i>SR MANAGER, OFFICE OF THE PRESIDENT</i>		
Contact Address (if R.R., give Lot, Concession No. and Township) <i>919 CONGRESS AVENUE, CAPITAL CENTER</i>			
City <i>AUSTIN</i>	Province/State <i>TEXAS</i>	Country <i>U.S.A.</i>	Postal/Zip Code <i>78701</i>
Phone Number <i>512-320-7905</i>	FAX Number <i>512-480-8073</i>	E-Mail Address (if applicable) <i>kelle.balch@directenergy.com</i>	



## 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.	
DIRECT ENERGY MARKETING LIMITED	GAS MARKETER		GH-2004-0241	
DIRECT ENERGY MARKETING LIMITED	ELECTRICITY RETAILER		ER-2005-0226	
DIRECT ENERGY MARKETING LIMITED	ELECTRICITY WHOLESALE		EW-2005-0482	
DIRECT ENERGY MARKETING INC.	ELECTRICITY WHOLESALE		EW-2003-0311	
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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Company Name	Jurisdiction	Business Activity	Licence / Registration No.	
PLEASE SEE ATTACHED				