



Ontario Energy Board
 Commission de l'Énergie de l'Ontario
**Application for Electricity
 Wholesaler Licence**

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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For Office Use Only	
Application Number	EB-2007-0618
Date Received	2007 April 26

A. General Information

1. Licensee Name

Name to Appear on Licence: Tenaska Power Canada, a Division of TPS Corp.

2. Primary Contact for this Application

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Last Name:	Full First Name:	Initial:
Miss <input type="checkbox"/>	Ms. <input checked="" type="checkbox"/>	Iacovo	Norma	R.
Other: _____		Position Held: Associate General Counsel		

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

Street 1701 East Lamar Boulevard, Suite 100

City Arlington	Province/State Texas	Country USA	Postal/Zip Code 76006
Phone Number (817) 462-1507	FAX Number (817) 462-1035	E-mail Address niacovo@tnsk.com	

3. Type of Application Process

New licence	<input checked="" type="checkbox"/>
Renewal	<input type="checkbox"/>
Additional information for an existing application	<input type="checkbox"/>

4. Business Classification

Sole Proprietor	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Corporation	<input checked="" type="checkbox"/>

Other (describe):

B. Information about the Applicant

5. Applicant Organization

a) Application on behalf of: Tenaska Power Canada, a Division of TPS Corp.			
Full Legal Name of Organization		Ontario Corporation Number or Business Registration Number (from MCCR)	Date of Formation or Incorporation
Tenaska Power Canada, a Division of TPS Corp.		1712576	September 25, 2006
b) Business Address 1044 N. 115th Street, Suite 400			
City	Province/State	Country	Postal/Zip Code
Omaha	Nebraska	USA	68154
Phone Number	FAX Number	E-mail Address (optional)	
(402) 691-9500	(402) 691-9526		
c) Address for Service in Ontario, if different from Business Address in question 5 b). If R.R. give Lot, Concession Number and Township. John W. Macdonald, 1700-65 Queen Street West			
City	Province/State	Country	Postal/Zip Code
Toronto	Ontario	Canada	M5H 2M5
Phone Number	FAX Number	E-mail Address (optional)	
(416) 366-1700 ext. 224	(416) 367-2502	mac@mpdlawfirm.com	

6. Licensing History

a) Does the Applicant have any affiliates that operate in Ontario? (The term "affiliate", with respect to a corporation, has the same meaning as in the <i>Business Corporations Act</i> , RSO 1990, Chapter B.16)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b) If the response to 6a) is yes, please provide the company name, function of the affiliate, and, if applicable, OEB licence number.		
c) Does the Applicant or any affiliates of the Applicant operate in energy markets in other jurisdictions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, please list company name, jurisdiction, activities, and licence number. See Schedule B		
d) Note the name and address of any known Federal, Provincial, or local government agency that may have any jurisdiction over the action to be taken in this application and a brief description of that authority. The Applicant is presently applying for an Electricity Export Permit from the National Energy Board.		
e) Is the Applicant applying for any other licence from the OEB? Please specify.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>