



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

RECEIVED
 Telephone: 1-888-632-6273
 Facsimile: (416) 440-7656

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MAY - 2 2007

ONTARIO ENERGY BOARD

For Office Use Only	
Application Number	EB-2007-0623
Date Received	2007 May 02

A. General Information

1. Licensee Name

Name to Appear on Licence: SIFTO CANADA CORP.

2. Primary Contact for this Application

Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name: <u>COOPER</u>	Full First Name: <u>ANDREW</u>	Initial:
Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	Position Held: <u>MINE ELECTRICAL ENGINEER</u>		
Other: _____			

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

Street 300 NORTH HARBOUR ROAD

City <u>GODERICH</u>	Province/State <u>ONTARIO</u>	Country <u>CANADA</u>	Postal/Zip Code <u>N7A 3Y9</u>
Phone Number <u>(519) 524-8351</u>	FAX Number <u>(519) 524-8656</u>	E-mail Address <u>cooper@compassminerals.com</u>	

3. Type of Application Process

New licence	<input type="checkbox"/>
Renewal	<input checked="" 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:			
Full Legal Name of Organization	Ontario Corporation Number or Business Registration Number (from MCCR)	Date of Formation or Incorporation	
SIFTO CANADA CORP	1682039	08/25/89	
b) Business Address 6700 CENTURY AVE, SUITE 202			
City	Province/State	Country	Postal/Zip Code
MISSISSAUGA	ONTARIO	CANADA	L5N 6A4
Phone Number	FAX Number	E-mail Address (optional)	
(905) 567-0231	(905) 567-0313		
c) Address for Service in Ontario, if different from Business Address in question 5 b). If R.R. give Lot, Concession Number and Township. P.O. Box 370, 300 NORTH HARBOUR ROAD,			
City	Province/State	Country	Postal/Zip Code
GODERICH	ONTARIO	CANADA	N7A 3Y9
Phone Number	FAX Number	E-mail Address (optional)	
(519) 524-8351	(519) 524-8656		

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? If yes, please list company name, jurisdiction, activities, and licence number.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.		
e) Is the Applicant applying for any other licence from the OEB? Please specify.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>