

Ontario Energy Board  
 P.O. Box 2319  
 2300 Yonge Street  
 27<sup>th</sup> Floor  
 Toronto ON M4P 1E4  
 Telephone: 1-888-632-6273  
 Facsimile: (416) 440-7656

Commission de l'énergie l'Ontario  
 C.P. 2319  
 2300, rue Yonge  
 27<sup>e</sup> étage  
 Toronto ON M4P 1E4  
 Téléphone: 1-888-632-6273  
 Télécopieur: (416) 440-7656

RECEIVED  
 MAR 20 2015  
 ONTARIO ENERGY BOARD



**Application for an Electricity Generation Licence Feed-in Tariff Program**

| For Office Use Only |                |
|---------------------|----------------|
| Application Number  | EB - 2015-0128 |
| Date Received       | March 20/15    |

**1. Name to Appear on Licence**

Legal name of the Applicant 2397995 Ontario Inc.

Name to Appear on Licence: \_\_\_\_\_

Indicate if same as above

Please note that if the name to appear on the licence is not the same as the legal name, the name on the licence must include the legal name of the applicant and the legal name must appear first. The "Name to Appear on Licence" will appear on the notice of application and on the licence.

**2. Feed-in Tariff Program Contract and Notice to Proceed**

Provide details regarding FIT contract with the OPA and Notice to Proceed

FIT Reference #: FIT - F7XCI0D \_\_\_\_\_

Contract Date: April 30, 2010

Date Notice to Proceed was received: April 17, 2014

**Note: Your application cannot be processed until the OPA issues a Notice to Proceed for your project. Please submit a copy of the Notice to Proceed with your application.**

**3. Applicant's Business Information**

Sole Proprietor  
 Partnership  
 Corporation  
 Other (describe) \_\_\_\_\_

Date of Formation: 29-Nov-13

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

3520 - 114 Avenue SE

|                |                |                         |                 |
|----------------|----------------|-------------------------|-----------------|
| City           | Province/State | Country                 | Postal/Zip Code |
| Calgary        | Alberta        | Canada                  | T2Z 3V6         |
| Phone Number   | Fax Number     | E-mail Address          |                 |
| (403) 236-5501 | (403) 236-5577 | njohannesson@azgard.com |                 |

#### 4. Key Individuals

The individuals listed as key individuals must be the individuals that are responsible for executing the following functions for the applicant: matters related to regulatory requirements and conduct, financial matters, and technical matters. These key individuals may include the Chief Executive Officer, the Chief Financial Officer, other officers, directors, or proprietors. Identify at least two key individuals. (If the applicant has only one key individual in the organization, identify the one key individual.)

| Name of Key Individual | Title/Position within Applicant's Business (or identify company if not the Applicant's Business) |
|------------------------|--------------------------------------------------------------------------------------------------|
| Neale Johannesson      | President & CEO                                                                                  |
| Zita Fulawka           | Vice President & CFO                                                                             |
|                        |                                                                                                  |

#### 5. Licence Primary Contact

(As a condition of the licence, the licensee shall designate a person who will act as a primary contact with the Board on matters related to the licence.)

|                                                                                                                                       |                            |                                                                            |                 |         |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------|-----------------|---------|
| Mr. <input checked="" type="radio"/>                                                                                                  | Mrs. <input type="radio"/> | Last Name                                                                  | First Name      | Initial |
| Miss <input type="radio"/>                                                                                                            | Ms. <input type="radio"/>  | Johannesson                                                                | Neale           | J       |
| Other <input type="radio"/>                                                                                                           |                            | Position Held and Company Name if different from Name to Appear on Licence |                 |         |
|                                                                                                                                       |                            | President                                                                  |                 |         |
| Contact Address (if RR, give Lot, Concession No. and Township), or indicate as above in section 3 <input checked="" type="checkbox"/> |                            |                                                                            |                 |         |
|                                                                                                                                       |                            |                                                                            |                 |         |
| City                                                                                                                                  | Province/State             | Country                                                                    | Postal/Zip Code |         |
|                                                                                                                                       |                            |                                                                            |                 |         |
| Phone Number                                                                                                                          | Fax Number                 | E-mail Address                                                             |                 |         |
|                                                                                                                                       |                            |                                                                            |                 |         |

#### 6. Primary Contact for this Application

Indicate if same as in section 3. Proceed to section 7.

|                                                                                                                       |                            |                                                                            |                 |         |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------|-----------------|---------|
| Mr. <input checked="" type="radio"/>                                                                                  | Mrs. <input type="radio"/> | Last Name                                                                  | First Name      | Initial |
| Miss <input type="radio"/>                                                                                            | Ms. <input type="radio"/>  | Johannesson                                                                | Neale           | J       |
| Other <input type="radio"/>                                                                                           |                            | Position Held and Company Name if different from Name to Appear on Licence |                 |         |
|                                                                                                                       |                            | President                                                                  |                 |         |
| Contact Address (if RR, give Lot, Concession No. and Township), or indicate if same as above <input type="checkbox"/> |                            |                                                                            |                 |         |
|                                                                                                                       |                            |                                                                            |                 |         |
| City                                                                                                                  | Province/State             | Country                                                                    | Postal/Zip Code |         |
|                                                                                                                       |                            |                                                                            |                 |         |
| Phone Number                                                                                                          | Fax Number                 | E-mail Address                                                             |                 |         |
|                                                                                                                       |                            |                                                                            |                 |         |

## 7. Generation Facilities

a) Describe the generation facility by providing the following information. If the applicant has more than one facility, provide the information on additional facilities as an attachment.

Generation Type:  Biogas  Biogas (On-Farm)  Landfill Gas  
 Renewable Bio-Mass  Solar PV (Rooftop)  Solar PV (Ground Mount)  
 Wind (Off-Shore)  Wind (On-Shore)  Waterpower

Gross Nameplate Capacity 1,000  kW  MW

Expected Commercial Operation Date 29-May-15

Facility Name and Address Black Bay Solar Project, 595 Highway 628, Nipigon Township P0T 2P0

b) Does/will the applicant own and operate any of the following (check any that apply):

i) A distribution line that is used to distribute electricity within a generation facility described in section 7a) or from that facility to the distribution system of a Local Distribution Company?

Yes, provide length of the distribution line in kilometres 0.62

No

ii) A transmission line that is used to distribute electricity within a generation facility described in section 7a) or from that facility to the IESO-Controlled Grid?

Yes, provide length of the transmission line in kilometres \_\_\_\_\_

No

iii) A transformer station or distribution station that is used to transform the voltage of electricity at a generation facility described in section 7a), on a transmission line or on the distribution system of a Local Distribution Company?

Yes

No

c) Responsibilities of Applicant:

Owner and Operator

Operator (Please identify if you are leasing the facility and identify owner \_\_\_\_\_ )

Owner only (Please identify lessee/operator \_\_\_\_\_ )

If you are applying for only one of the two qualifications, please provide information on the status of the other qualification. The information should include confirmation as to whether or not the person or entity seeking the other qualification is licensed and if not, indicate when an application for the other qualification will be filed with the Board: \_\_\_\_\_

## 8. Connection

Provide details regarding connection of the generation facility. If the applicant has more than one facility, provide the information on additional facilities as an attachment.

a) Will the generation facility be connected to the Local Distribution Company?

- Yes, identify the Local Distribution Company and the connection point (i.e. feeder name, name of transformer station or distribution station to which the feeder is connected)

Hydro One Networks Inc. - Feeder F3, Red Rock HVDS

- No

b) Will the generation facility be connected to a Host Facility?

- Yes, identify the Host Facility and the connection point (i.e. feeder name, name of Local Distribution Company or Transmitter serving Host Facility, name of feeder or circuit connecting Host Facility, name of transformer station or name of switching station, name of transformer or distribution station to which the feeder is connected)

- No

c) Will the generation facility be connected to a transmission system (the IESO-Controlled Grid)?

- Yes, identify the connection point (i.e. name of circuit, name of transformer or switching station)

- No

If you have answered "No" to a), b) and c), please explain how you intend to connect the project.

## 9. Requirement to Give Notice

Is the applicant a distributor or transmitter, or an affiliate of a distributor or transmitter?

- Yes, the applicant may be required to give notice to the Board under section 80 of the *Ontario Energy Board Act, 1998* regarding the construction or acquisition of an interest in generation facilities by transmitters or distributors. The filing requirements for a notice under section 80 of the *Ontario Energy Board Act, 1998* are found on the Board's website at [www.ontarioenergyboard.ca](http://www.ontarioenergyboard.ca).

- No

Will the applicant acquire an interest in a distribution or transmission system in Ontario or construct a distribution system or transmission system?

- Yes, the applicant may be required to give notice to the Board under section 81 of the *Ontario Energy Board Act, 1998* regarding the construction or acquisition of an interest in transmission or distribution assets by generators. The filing requirements for a notice under section 81 of the *Ontario Energy Board Act, 1998* are found on the Board's website at [www.ontarioenergyboard.ca](http://www.ontarioenergyboard.ca).

- No

## 10. Licensing History

a) Has the applicant ever been licensed by the Ontario Energy Board?  Yes  No  
If yes, please provide the licensed company name, licence number and address:

Licensed Company Name \_\_\_\_\_ Licence Number \_\_\_\_\_  
Address \_\_\_\_\_

b) Has the applicant ever had an energy market related licence or registration in Ontario and/or other jurisdiction within North America refused, suspended, revoked or cancelled?  Yes  No

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

## 11. Notice

### AS REQUIRED BY THE *FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*

The Board is authorized, under section 4.14 of the *Ontario Energy Board Act, 1998*, to collect personal information for the purpose of carrying out its duties and exercising its powers under the *Ontario Energy Board Act, 1998* or any other Act.

The information provided both on this form and attached to this form is being collected by the Board for the purpose of determining whether the applicant is qualified to receive the licence for which it is applying.

In order to verify the information on or attached to this form and/or determine whether the applicant is qualified to receive the licence for which it is applying, it may be necessary for the Board to collect additional information from some or all of the following sources: federal, provincial/state, or municipal governments; licensing bodies; law enforcement agencies; credit bureaus; and banks. Only information relevant to the application or the Board's determination of the application will be collected by the Board.

The public official who can answer questions about the collection of the information is:

Board Secretary  
Ontario Energy Board  
P.O Box 2319  
2300 Yonge Street, 27<sup>th</sup> Floor  
Toronto, ON M4P 1E4

Tel: 416-481-1967 or 1-888-632-6273

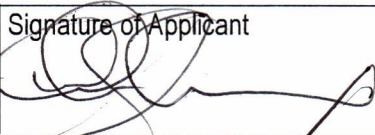
Applicants are reminded that the Board is subject to the *Freedom of Information and Protection of Privacy Act* ("FIPPA"). FIPPA addresses circumstances in which the Board may, upon request, be required to release information that is in its custody or under its control, and generally prohibits the Board from releasing personal information. "Personal Information" has the meaning given to it under FIPPA.

## 12. Certification and Acknowledgement of Other Market Conditions

I certify that the information contained in this application and in the documents provided to the Board are true and accurate.

I understand and acknowledge that, as a licensed electricity generator, I must provide information as the Board may require from time to time.

I understand and acknowledge that, as a licensed electricity generator, I must enter into agreements with the distributor or transmitter to whom my facilities are connected.

|                                              |                                                                                                             |                              |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------|
| Print Name of Applicant<br>NEALE JOHANNESSON | Signature of Applicant<br> | Date Signed<br>MAR. 16, 2015 |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------|

(Must be signed by one of the key individuals identified in section 4)