



400-330 Portage Avenue,  
Winnipeg, Manitoba  
R3C 0C4  
www.pub.gov.mb.ca

## Application for Licence Natural Gas Marketer/Agent

### 1. The Applicant

Legal Name of Applicant:
Name to Appear on Licence and Marketing Materials:

☐ Indicate if the name to appear on the licence the same as the legal name.  
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.

### 2. Type of Application

<input type="radio"/> Initial Licence
<input type="radio"/> Renewal of Existing Licence
Please provide expiry date of existing licence _____

### 3. Business Classification of Applicant

<input type="radio"/> Sole Proprietor	
<input type="radio"/> Partnership	
<input type="radio"/> Corporation	
<input type="radio"/> Other (specify) _____	
Date of formation or incorporation:	
Place of formation or incorporation:	
Province/State:	Country:

#### 4. Business Address of Applicant

Address:		
City:	Province/State:	Postal/Zip Code:
Phone Number:	Fax Number:	E-Mail Address:
Toll Free Number (if available):		

#### 5. Primary Contact for Regulatory Affairs (List any Alternates on a separate sheet)

Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Other: _____	Last Name:	First Full Name:	Initial:
Position Held:			
Contact Address:			
City:	Province/State:	Postal/Zip Code:	
Phone Number:	Fax Number:	E-Mail Address:	
Toll Free Number (if available):			

**6. Primary Contact for Processing this Application (List any Alternates on a separate sheet)**

☐ Indicate if same as in section 5 above. If yes, proceed to section 7.

Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Other: _____	Last Name:	First Full Name:	Initial:
Position Held:			
Contact Address:			
City:	Province/State:	Postal/Zip Code:	
Phone Number:	Fax Number:	E-Mail Address:	
Toll Free Number (if available):			

**7. Manitoba Contact (if any) (List any Alternates on a separate sheet)**

Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Other: _____	Last Name:	First Full Name:	Initial:
Position Held:			
Manitoba Contact Address (if different than address provided in section 5 above):			
City:	Province:	Postal Code:	
Phone Number:	Fax Number:	E-Mail Address:	
Toll Free Number (if available):			

## 8. Customer Inquiries or Complaints Primary Contact

Please provide the contact information of the person to whom customer complaints or inquiries should be addressed. The telephone number should be one that the general public can use without charge.

Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Other: _____	Last Name:	First Full Name:	Initial:
Position Held:			
Customer Contact Address: <u>(if different than the address provided in sections 5 and 6 above)</u> :			
City:	Province:	Postal Code:	
Phone Number:	Fax Number:	E-Mail Address:	
Toll Free Number:			

## 9. Licensing History

If the applicant, an affiliate of the applicant, or an associated entity (e.g., partnerships or limited partnerships) have ever marketed or sold electricity or natural gas in any other jurisdiction, please provide the following information. (Please use a separate sheet, if necessary)

Company Name	Jurisdiction	Licence Type (Electric/Gas)	Name of Licensing Body	Licence/Registration No.

## **10. Corporate Activities and Organization**

a) Please provide a description of the applicant's current business activities.

b) Please describe the applicant's corporate organization and the applicant's relationship with any affiliates and associated entities (e.g., partnerships and limited partnerships), including a short description of each entity's type of business. Please use a separate sheet, if necessary.

## 11. Status of Applicant: Publicly or Privately Held

Is the applicant publicly held (listed on a stock exchange) or privately held?

Publicly held: ☐ YES ☐ NO

If yes, please name the stock exchange(s) where listed \_\_\_\_\_

Privately held: ☐ YES ☐ NO

## 12. Financial Information

*Section 12 will be retained in confidence with the Board.*

a) **If the applicant is applying for an INITIAL LICENCE**, please provide audited financial statements for the last two years and quarterly statements for each concluded financial quarter following the most recently ended fiscal year. If audited financial statements are not available, please provide unaudited financial statements for the applicant for the last two years.

b) **If the applicant is applying for an INITIAL LICENCE and is publicly held**, please provide the Annual Report of the applicant for the last two years and the most recent quarterly report.

c) **If the applicant is applying for a RENEWAL OF A LICENCE**, please provide the most recent audited financial statement and quarterly statements for each concluded financial quarter following the most recently ended fiscal year. If audited financial statements are not available, please provide unaudited financial statements for the applicant for the period indicated.

d) **If the applicant is applying for a RENEWAL OF A LICENCE and is publicly held**, please provide the Annual Report of the applicant for the most recent year and the most recent quarterly report.

### 13. Legal Proceedings in respect of the Applicant, Affiliated Entities and Associated Entities

*Section 13 will be retained in confidence with the Board.*

<p>Has the applicant, an affiliate of the applicant, or an associated entity (e.g., partnerships or limited partnerships) ever been declared bankrupt, or is presently a party to a bankruptcy proceeding in North America?</p> <p>If yes, please provide a copy of the Assignment in Bankruptcy, a list of creditors, or proof of discharge.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>Does the applicant, an affiliate of the applicant, or an associated entity (e.g., partnerships or limited partnerships) have any unpaid judgments against it in North America?</p> <p>If yes, submit a copy of each judgment and state the amount outstanding and repayment particulars.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>Has the applicant, an affiliate of the applicant, or an associated entity (e.g., partnerships or limited partnerships) ever had a licence or registration of any kind in Manitoba and/or in any other jurisdiction in North America refused, suspended, revoked or cancelled?</p> <p>If yes, please provide particulars.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>In the past five years, has the applicant, an affiliate of the applicant, or an associated entity (e.g., partnerships or limited partnerships) been investigated by a regulatory body or government agency in relation to the marketing of gas or electricity?</p> <p>If yes, please provide full particulars on a separate sheet.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>Has the applicant, an affiliate of the applicant, or an associated entity (e.g., partnerships or limited partnerships) been found guilty of a criminal offence under any law in the past five years or are any criminal proceedings now pending?</p> <p>If yes, please provide full particulars on a separate sheet.</p>	<input type="radio"/> Yes	<input type="radio"/> No



#### 14. Complaints Filed in Other Jurisdictions

*Section 14 will be retained in confidence with the Board.*

If the applicant, an affiliate of the applicant, or an associated entity (e.g., partnerships or limited partnerships) is currently licensed to sell electricity or natural gas in any other jurisdictions, have any customer complaints been filed against these entities with regulatory bodies in relation to activity for which they are licensed?

☐ No

☐ Yes

If yes, please provide the number of complaints filed with each regulatory body during the last three years in the table below.

Licensee Name	Jurisdiction	Licensed Activity (Electric/Gas)	Name of Regulatory Body	Number of complaints within the last three years

## 15. Officers, Directors, Key Individuals

*Section 15 will be retained in confidence with the Board.*

a) Please provide a list on a separate sheet of all officers and directors, including the name and title. If this information is available on the corporation's website, you may provide the Internet website address where this information can be found instead of a list.

b) **If the applicant is currently marketing or expects to be marketing gas to residential customers**, please provide the following information about a minimum of three key individuals of the applicant. Examples include: the Chief Executive Officer, Chief Financial Officer, Director or Vice-President of Regulatory Affairs, or other officers, directors, proprietors and partners.

Please attach a copy of this section (section 15) for each key individual.

### a) Personal Information

Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Other: _____	Last Name:	First Full Name:	Initial:
Title and Position Held:			
Contact Address			
City:	Province/State:	Postal/Zip Code:	
Phone Number:	Fax Number:	E-mail address:	

### b) Personal Experience in Energy Sector

Has this person been a proprietor, partner, officer or director of an entity that was issued a licence to market natural gas in Manitoba?	<input type="radio"/> Yes	<input type="radio"/> No
Has this person been a proprietor, partner, officer or director of an entity that was registered or licensed under any other statute of Canada or the United States in relation to the energy sector?  If yes, please provide jurisdiction, name of business and business activity.	<input type="radio"/> Yes	<input type="radio"/> No
Has this person been a proprietor, partner, officer or director of an entity that has had a registration or licence of any kind refused, suspended, revoked or cancelled?  If yes, please provide particulars on a separate sheet.	<input type="radio"/> Yes	<input type="radio"/> No

**c) Legal Proceedings**

<p>Has this person ever been declared bankrupt or is presently a party to a bankruptcy proceeding?</p> <p>If yes, please provide a copy of the Assignment in Bankruptcy, a list of creditors, or proof of discharge.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>Has this person been a proprietor, partner, officer or director of an entity that has been declared bankrupt or is presently party to bankruptcy proceedings in North America?</p> <p>If yes, please provide a copy of the Assignment in Bankruptcy, a list of creditors, or proof of discharge.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>Are there any unpaid judgments against this person?</p> <p>If yes, submit a copy of each judgment and state the amount outstanding and repayment particulars.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>In the past five years, has this person ever been fined, reprimanded, disciplined, made a voluntary payment or otherwise subject to penalties, or been investigated by a regulatory body or government agency, in relation to the marketing of gas or electricity?</p> <p>If yes, attach full particulars on a separate signed and dated statement.</p>	<input type="radio"/> Yes	<input type="radio"/> No
<p>Has this person been found guilty of a criminal offence under any law in the past five years or are any criminal proceedings now pending?</p> <p>If yes, please provide full particulars on a separate sheet.</p>	<input type="radio"/> Yes	<input type="radio"/> No

## **16. Sales Channels/Salespeople**

a) Please indicate the sales channels you have used or expect to use (check all that apply).

- ☐ Door-to-door
- ☐ Telephone (outbound)
- ☐ Telephone (inbound)
- ☐ Internet

Other, please describe other sales channels

b) Do you have salespeople/agents employed or under contract in Manitoba?

- ☐ YES If yes, please answer subsection c).
- ☐ NO

c) Please provide the total number of salespeople/agents and administrative staff employed or under contract in Manitoba.

## **17. Training Materials, Scripts, Marketing Materials**

a) Please provide an outline of the training courses given to Manitoba salespeople/agents who are marketing or expect to be marketing. Please use a separate sheet, if necessary.

b) Please provide a copy of all training materials that are being used or are expected to be used by the applicant and its salespeople/agents who are marketing to or expect to be marketing to residential customers

c) Please provide a copy of all telephone and other customer service scripts that are being used or are expected to be used by the applicant and its salespeople/agents who are marketing to or expect to be marketing to residential customers

d) If you are marketing to or expect to be marketing to residential customers through an Internet website, please provide your current or expected website address and Internet contracting process.

e) Please provide copies of all marketing and promotional materials that are being used or are expected to be used in respect of residential customers.

## 18. Contracts

a) Indicate the number of contracts in Manitoba to August 31 of the current year.

Residential:
Commercial:
Transportation Service:

b) Have there been any instances where gas has not flowed as required in your contracts with Centra Gas Manitoba Inc.?

☐ YES

☐ NO

If yes, please explain

c) Will the applicant be offering contracts to provide natural gas to residential or commercial customers in Manitoba in the coming year?

<b>Residential</b>	<b>Commercial</b>
<input type="radio"/> YES	<input type="radio"/> YES
<input type="radio"/> NO	<input type="radio"/> NO

d) How many residential customers does the applicant expect to serve in the coming year (Nov.1 – Oct. 31)? \_\_\_\_\_

e) How many commercial customers does the applicant expect to serve in the coming year (Nov.1 – Oct. 31)? \_\_\_\_\_

f) Please provide a copy of the form of contract the applicant is currently using or expects to use for residential customers

## **19. Complaints Procedures**

Please provide a description of the procedures the applicant is currently using or expects to be using for handling disputes and customer complaints. Please use a separate sheet, if necessary.

## 20. Gas Supply

a) Please indicate locations from where your gas supply is sourced. Please use a separate sheet if necessary.

b) Your gas is purchased directly from:

- ☐ Producer
- ☐ Third Party
- ☐ Both

c) Do your firm gas supply arrangements have firm transportation arrangements on intra-provincial pipelines for all Manitoba sales volumes? ☐ YES ☐ NO

## 21. Schedule of Fees

Application for Initial Licence

- |   |           |
|---|-----------|
| 1. Serving residential and commercial customers | \$3000.00 |
| 2. Serving commercial customers                 | \$1500.00 |
| 3. Serving own needs                            | \$1000.00 |

Application for Renewal of Licence	\$500.00
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Appeals (by customers)

- |  |          |
|--|----------|
| 1. Filing fee (may be refundable)                                | \$50.00  |
| 2. Hearing fee (assessed on brokers when appeals are successful) | \$300.00 |

Please make all cheques payable to the *Minister of Finance - Province of Manitoba*.  
All fees shall be paid in Canadian Dollars.

## 22. Certification and Acknowledgment

a) I certify that the information contained in this application and the documents provided are true and correct.

b) I understand and acknowledge that, as a licensed natural gas marketer, I must provide information as the Public Utilities Board may require from time to time.

c) By signing this application, you confirm and warrant the following:

1. that your salespeople/agents will provide all customers, at the time of sale with the information required by the Public Utilities Board;
2. that you have read and accept the obligations and requirements set out in the Code of Conduct for Direct Purchase Transactions.

**Authorized Signature of Applicant**

The proprietor or at least one partner, officer or director of the applicant must sign this application.

Print Name and Title	Signature of Applicant	Date (yyyy/mm/dd)