

DOCKET NO.:

A-125051

RESPONDENT OR APPLICANT: INTERSTATE GAS SUPPLY, INC.

PARTY OR COMPLAINANT:

ENTRY	TYPE	DATE	BUREAU	PERSONNEL
1	N	11/11/99	SEC	FAHNESTOCK
APP OF INTERSTATE GAS SUPPLY AS SUPPLIER, BRK, MKT & AGGREGATOR NAT GAS				
2	N	11/15/99	SEC	FAHNESTOCK
SEC MEMO TO FUS ASSIGNING APPLICATION				
3	N	11/15/99	SEC	FAHNESTOCK
SEC LTR TO APPLICANT ACKNOWLEDGING RECEIPT OF APPLICATION				
4	N	11/17/99	SEC	HANCOCK
RECEIPT OF \$350.00 FILING FEE ISSUED				
5	N	01/12/00	SEC	FRISCIA
ORDER SERVED TO PARTIES				
6	N	01/12/00	SEC	FRISCIA
LICENSE FOR NATURAL GAS SUPPLIER DATED 1/12/00 ISSUED				
7	N	01/12/00	SEC	PATRICK
RECOM ADOPTED LICENSE APPLICATION APPROVED				

- 1. REPORT DATE: 00/00/00
- 2. BUREAU: FUS
- 3. SECTION(S):
- 5. APPROVED BY:
 - DIRECTOR:
 - SUPERVISOR:
- 6. PERSON IN CHARGE:
- 8. DOCKET NO: A-125051
- 4. PUBLIC MEETING DATE: 00/00/00
- 7. DATE FILED: 11/11/99
- 9. EFFECTIVE DATE: 00/00/00

PARTY/COMPLAINANT:

RESPONDENT/APPLICANT: INTERSTATE GAS SUPPLY, INC.

COMP/APP COUNTY:

UTILITY CODE: 125051

ALLEGATION OR SUBJECT

APPLICATION OF INTERSTATE GAS SUPPLY, INC. FOR APPROVAL TO OFFER, RENDER, FURNISH OR SUPPLY NATURAL GAS SERVICES AS A SUPPLIER, BROKER/MARKETER AND AGGREGATOR TO THE PUBLIC IN THE COMMONWEALTH OF PENNSYLVANIA, SPECIFICALLY IN THE SERVICE TERRITORY OF COLUMBIA GAS OF PA, INC.

**DOCUMENT
FOLDER**

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NOV 15 1999

[REDACTED]



ORIGINAL
INTERSTATE GAS SUPPLY, INC. ORIGINAL

Public Utilities Commission
James J McNulty, Secretary
B-20, North Office Building
Harrisburg, PA 17120

A-125051

Dear Mr. McNulty

Enclosed is our application to supply natural gas supply service to the public in the Commonwealth of Pennsylvania with a check for the initial licensing fee of \$350.00. Included are 8 (eight) copies and one copy in electronic format on a 3½ inch diskette (Microsoft Word format) and the **Application for Certificate of Authority**.

With regard to items 17 **Financial Fitness**, our audited financial statement is enclosed with the original of this document.

With regard to item 18, **Technical Fitness**, the officer directly responsible for operations is Scott White. Scott has been the President of Interstate Gas Supply for ten years. He can be reached at the following address.

Scott White
President, Interstate Gas Supply
5020 Bradenton Avenue
Dublin, Ohio, 43017
Phone (614) 923-1000
Fax (614) 923-1010

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In addition to the above 8 (eight) copies, copies of this application have been served to the following;

Irvin A. Popowsky
Office of Consumer Advocate
5th Floor, Forum Place
555 Walnut Street
Harrisburg, PA 17120-1921

Bernard A. Ryan Jr.
Commerce Building, Suite 1102
Small Business Advocate
300 North Second Street
Harrisburg, PA 17101

Office of the Attorney General
Bureau of Consumer Protection
Strawberry Square, 14th Floor
Harrisburg, PA 17120

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

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5020 Bradenton Avenue
Dublin, Ohio 43017
614 923 1000
Fax 614 923.0470
Toll free 800.280.4474

3

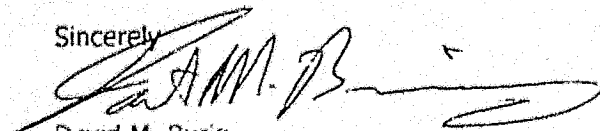
Commonwealth of Pennsylvania
Department of Revenue
Bureau of Compliance
Harrisburg, PA 17128-0946

Columbia Gas of PA, Inc.
Shirley Bardes-Hasson
650 Washington Road
Pittsburgh, PA 15228

Should you require any additional information or clarification of the materials provided, you may reach me by any of the following methods:

Phone (614) 923-1000
Fax (614) 923-1000
Email dburig@iqsenergy.com

Sincerely

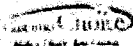


David M. Burig
Interstate Gas Supply
Customer Choice Program Director

DAVE BURIG
CUSTOMER CHOICE PROGRAM DIRECTOR



INTERSTATE GAS SUPPLY, INC.
THE ENERGY TO DELIVER


dburig@iqsenergy.com

5020 Bradenton Avenue
Dublin, Ohio 43017
614 923 1000 x 228
Fax 614 923 1010
toll free 800 280 4474

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of Interstate Gas Supply, d/b/a _____, for approval to offer, render, furnish, or as a(n) [as specified in item #8 below] to the public in the Commonwealth of Pennsylvania.

To the Pennsylvania Public Utility Commission.

A-125051

1 **IDENTITY OF THE APPLICANT:** The name, address, telephone number, and FAX number of the Applicant are.

Interstate Gas Supply
5020 Bradenton Avenue
Dublin, OH 43017
Phone (614) 923-1000
Fax (614) 923-1010

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PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

Please identify any predecessor(s) of the Applicant and provide other names under which the Applicant has operated within the preceding five (5) years, including name, address, and telephone number.

N/A

2 a **CONTACT PERSON:** The name, title, address, telephone number, and FAX number of the person to whom questions about this Application should be addressed are:

David M. Burig, Customer Choice Program Director
Interstate Gas Supply
5020 Bradenton Avenue
Dublin, OH 43017
Phone (614) 923-1000
Fax (614) 923-1010

b. **CONTACT PERSON-PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY:** The name, title, address telephone number and FAX number of the person with whom contact should be made by PEMA:

David M. Burig, Customer Choice Program Director
Interstate Gas Supply
5020 Bradenton Avenue
Dublin, OH 43017
Phone (614) 923-1000
Fax (614) 923-1010

3 a. **ATTORNEY:** If applicable, the name, address, telephone number, and FAX number of the Applicant's attorney are:

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- b. **REGISTERED AGENT:** If the Applicant does not maintain a principal office in the Commonwealth, the required name, address, telephone number and FAX number of the Applicant's Registered Agent in the Commonwealth are:

See enclosed Application for Certificate of Authority

4 **FICTITIOUS NAME:** (select and complete appropriate statement)

- The Applicant will be using a fictitious name or doing business as ("d/b/a")

Attach to the Application a copy of the Applicant's filing with the Commonwealth's Department of State pursuant to 54 Pa. C.S. §311, Form PA-953.

or

- The Applicant will not be using a fictitious name.

5 **BUSINESS ENTITY AND DEPARTMENT OF STATE FILINGS:** (select and complete appropriate statement)

- The Applicant is a sole proprietor.

If the Applicant is located outside the Commonwealth, provide proof of compliance with 15 Pa. C.S. §4124 relating to Department of State filing requirements.

or

- The Applicant is a:

- domestic general partnership (*)
- domestic limited partnership (15 Pa. C.S. §8511)
- foreign general or limited partnership (15 Pa. C.S. §4124)
- domestic limited liability partnership (15 Pa. C.S. §8201)
- foreign limited liability general partnership (15 Pa. C.S. §8211)
- foreign limited liability limited partnership (15 Pa. C.S. §8211)

Provide proof of compliance with appropriate Department of State filing requirements as indicated above.

Give name, d/b/a, and address of partners. If any partner is not an individual, identify the business nature of the partner entity and identify its partners or officers.

- If a corporate partner in the Applicant's domestic partnership is not domiciled in Pennsylvania, attach a copy of the Applicant's Department of State filing pursuant to 15 Pa. C.S. §4124.

or

X The Applicant is a :

- domestic corporation (none)
 X foreign corporation (15 Pa. C.S. §4124)
 domestic limited liability company (15 Pa. C.S. §8913)
 foreign limited liability company (15 Pa. C.S. §8981)
 Other _____

Provide proof of compliance with appropriate Department of State filing requirements as indicated above. Additionally, provide a copy of the Applicant's Articles of Incorporation.

Give name and address of officers.

Scott White,
President
5678 Duddingston Dr
Dublin, OH 43017

Doug Austin
Vice President
6282 Two Notch Ct
Dublin, OH 43016

The Applicant is incorporated in the state of Ohio.

6 **AFFILIATES AND PREDECESSORS WITHIN PENNSYLVANIA:** (select and complete appropriate statement)

Affiliate(s) of the Applicant doing business in Pennsylvania are:

Give name and address of the affiliate(s) and state whether the affiliate(s) are jurisdictional public utilities.

- Does the Applicant have any affiliation with or ownership interest in:
- (a) any other Pennsylvania retail natural gas supplier licensee or licensee applicant,
 - (b) any other Pennsylvania retail licensed electric generation supplier or license applicant,
 - (c) any Pennsylvania natural gas producer and/or marketer,
 - (d) any natural gas wells or
 - (e) any local distribution companies (LDCs) in the Commonwealth

If the response to parts a, b, c, or d above is affirmative, provide a detailed description and explanation of the affiliation and/or ownership interest.

- Provide specific details concerning the affiliation and/or ownership interests involving:
- (a) any natural gas producer and/or marketers,
 - (b) any wholesale or retail supplier or marketer of natural gas, electricity, oil, propane or other energy sources.

- Provide the Pa PUC Docket Number if the applicant has ever applied:
(a) for a Pennsylvania Natural Gas Supplier license, or
(b) for a Pennsylvania Electric Generation Supplier license.

- If the Applicant or an affiliate has a predecessor who has done business within Pennsylvania, give name and address of the predecessor(s) and state whether the predecessor(s) were jurisdictional public utilities.

or

- X The Applicant has no affiliates doing business in Pennsylvania or predecessors which have done business in Pennsylvania.

7 **APPLICANT'S PRESENT OPERATIONS:** (select and complete the appropriate statement)

- The Applicant is presently doing business in Pennsylvania as a
- natural gas interstate pipeline.
 - municipal providing service outside its municipal limits.
 - local gas distribution company
 - retail supplier of natural gas services in the Commonwealth
 - a natural gas producer
 - Other. (Identify the nature of service being rendered.)

or

- X The Applicant is not presently doing business in Pennsylvania.

8 **APPLICANT'S PROPOSED OPERATIONS:** The Applicant proposes to operate as a:

- x supplier of natural gas services.
- Municipal supplier of natural gas services.
- Cooperative supplier of natural gas services.
- X Broker/Marketer engaged in the business of supplying natural gas services.
- X Aggregator engaged in the business of supplying natural gas services.
- Other (Describe):

9. **PROPOSED SERVICES:** Generally describe the natural gas services which the Applicant proposes to offer.

Interstate Gas Supply will provide natural gas to residential customers and commercial customers using less than 6000 Mcf annually and commercial and industrial customers using more than 6000 Mcf per year.

10. **SERVICE AREA:** Generally describe the geographic area in which Applicant proposes to offer services.

Interstate Gas Supply will supply natural gas to the customers in all 26 counties served by Columbia Gas of Pennsylvania.

11. **CUSTOMERS:** Applicant proposes to initially provide services to:

- Residential Customers
- Commercial Customers - (Less than 6,000 Mcf annually)
- Commercial Customers - (6,000 Mcf or more annually)
- Industrial Customers
- Governmental Customers
- All of above
- Other (Describe):

12. **START DATE:** The Applicant proposes to begin delivering services on ___ January 1, 2000 ___
(approximate date)

