

DOCKET NO. GR-_____,SUB _____

FILING FEE RECEIVED _____

BEFORE THE NORTH CAROLINA UTILITIES COMMISSION

APPLICATION FOR CERTIFICATE OF AUTHORITY TO RESELL NATURAL GAS SERVICE IN ACCORDANCE WITH
G.S. 62-110(i) and NORTH CAROLINA UTILITIES COMMISSION CHAPTER 24

INSTRUCTIONS

If additional space is needed, supplementary sheets may be attached. If any section does not apply, write "not applicable."

Utility laws, the Commission's Rules, and other information may be accessed at <http://www.ncuc.net/index.htm>

APPLICANT

1. Name of owner: _____
(Individual name if the owner is a sole proprietor or business name if not a sole proprietor.)
2. Type of Business Entity: _____
3. Business mailing address of owner: _____
City and state: _____ Zip code: _____
4. Business telephone number: _____ Business fax number: _____
5. Business email address: _____
6. Person to Contact Concerning this Application (Name, Telephone, and Email):

PROPOSED UTILITY SERVICE AREA
(Attach additional sheets if more than one property)

7. Name of Single-Family Dwelling, Residential Building, or Apartment Complex (hereinafter leased premises): _____

8. Street Address of leased premises: _____
9. County: _____
10. Name, address and telephone number of the supplier of natural gas: _____

11. Number of lessees that can be served at this leased premises: _____

RESALE PROVISIONS

12. Describe the method Applicant proposes to use to allocate the supplier's individual natural gas bill for a unit among all the lessees in the unit (NCUC Rule R24-5): (Note: if it is a single-family dwelling or residential building, there may be no allocation method): _____

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- 13. Monthly administrative fee per bill: _____
(Pursuant to NCUC Rule R24-5(d), no more than \$3.75 per month, the maximum amount authorized for water resellers by NCUC Rule R18-6, may be added as an administrative fee to the cost of natural gas service. The amount of the administrative fee, up to the maximum amount, should be justified by Applicant's actual costs.)
- 14. Bills will be past due _____ days after they are mailed or otherwise delivered to lessees. (NCUC Rule R24-7(f) specifies that bills shall not be past due less than twenty-five (25) days after mailing or other delivery to lessees.)
- 15. Late fee amount: _____ (Pursuant to NCUC Rule 24-5(d) and (e), a late fee of no more than 1% per month of the balance in arrears may be assessed.)
- 16. Returned check charge: _____ (Pursuant to NCUC Rule 24-5(f) and G.S. 25-3-506, a returned check fee of no more than \$25.00 may be assessed.)
- 17. Statement of Applicant's plans for retention and availability of records (see NCUC Rule R24-6(a) and (b)): _____

PERSONS TO CONTACT

	<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
18. Management:	_____	_____	_____

		Email _____	
19. Complaints or Billing:	_____	_____	_____

		Email _____	
20. Emergency Service:	_____	_____	_____

		Email _____	
21. Filing and Payment of Regulatory Fees to NCUC:	_____	_____	_____

		Email _____	

OTHER PROVISIONS

- 22. Applicant must notify the Commission in writing within 30 days following the change of any information supplied on this form.
- 23. Applicant must also file quarterly Regulatory Fee Reports and make regulatory fee payments. Details are set out in NCUC Rule R15-1.

REQUIRED EXHIBITS

- 24. If Applicant is a corporation, LLC, LP, or other legal business entity, enclose a copy of the certification from the North Carolina Department of the Secretary of State (Articles of Incorporation or Application for Certificate of Authority for Limited Liability Company, etc.). **(Must match name on Line 1 of application.)**
- 25. If Applicant is a partnership, enclose a copy of the partnership agreement. **(Must match name on Line 1 of application.)**

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- 26. Enclose a copy of a Warranty Deed showing that the Applicant has ownership of all the property necessary to operate the utility. **(Must match name on Line 1 of application.)**
- 27. Enclose a vicinity map showing the location of the leased premises in sufficient detail for someone not familiar with the county to locate the leased premises. (A county roadmap with the leased premises outlined is suggested.)
- 28. Enclose a copy of the supplier's schedule of rates that will be charged to the Applicant for natural gas service.
- 29. Enclose a copy of any agreements or contracts that Applicant has entered into covering the provision of billing and collections services to the leased premises.
- 30. Indicate the number of apartment buildings, residential buildings, or single-family dwellings to be served, the number of units in each apartment building or residential building, and the number of bedrooms in each unit.
- 31. Enclose a copy of the template or form used for billing statements.
- 32. Enclose a copy of all forms used for the lease to lessees, including a statement of which parts of the lease relate to billing for natural gas service.

FILING INSTRUCTIONS

- 33. Electronic filing is available at www.ncuc.net for application submittal, or mail one (1) original application with required exhibits and original **notarized signature**, plus three (3) additional collated copies to:

USPS Address:
 Chief Clerk's Office
 North Carolina Utilities Commission
 4325 Mail Service Center
 Raleigh, North Carolina 27699-4300

OR

Overnight Delivery at Street Address:
 Chief Clerk's Office
 North Carolina Utilities Commission
 430 North Salisbury Street
 Raleigh, NC 27603-5918

- 34. Enclose a filing fee as required by G.S. 62-300. A Class A utility (annual natural gas reseller revenues of \$1,000,000 or more) requires a \$250 filing fee. A Class B utility (annual natural gas reseller revenues between \$200,000 and \$1,000,000) requires a \$100 filing fee. A Class C utility (annual natural gas reseller revenues less than \$200,000) requires a \$25 filing fee. **MAKE CHECK PAYABLE TO N.C. DEPARTMENT OF COMMERCE/UTILITIES COMMISSION.**

SIGNATURE

- 35. Application shall be signed and verified by an authorized representative of Applicant.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

- 36. (Typed or Printed Named) _____, personally appearing before me and, being first duly sworn, says that the information contained in this application and in the exhibits attached hereto is true to the best of his/her knowledge and belief.

This the _____ day of _____, 20____.

Signature of Notary Public

Name of Notary Public – Typed or Printed

My Commission Expires: _____

Date

(NOTARY SEAL)