

**IN THE MATTER OF the Gaming Control Act, S.N.S. 1994-95, Ch. 4,
and the *Casino Regulations* as amended**

- and

IN THE MATTER OF

(Your Name:) _____

APPLICATION FOR REINSTATEMENT
OF ACCESS TO THE CASINOS

I, _____, of _____, Province of _____, Canada or _____, wish to make Application to have my access to any casinos located in Nova Scotia at Halifax and Sydney, Nova Scotia, and operated by or on behalf of the Nova Scotia Gaming Corporation (hereinafter "the Casinos") reinstated and thus, I request that a hearing date be set so that I may have a hearing on my Application, pursuant to s. 252(3) of the *Casino Regulations*.

I UNDERSTAND AND FULLY APPRECIATE THAT, prior to the hearing before the Nova Scotia Utility and Review Board (hereinafter "the Board"), I will be contacted by the Director of Investigation and Enforcement, or an Investigator of the Nova Scotia Alcohol and Gaming Division (hereinafter "the AGD"), who will show and explain to me a written Request for Consent to Investigation and ask that I sign the Endorsement indicating my Consent to Investigation, **if I so choose to consent**, to such investigation.

I UNDERSTAND THAT only once an investigation is complete, or I refuse to consent to such investigation, will a hearing date be set.

I UNDERSTAND THAT I may represent myself in the hearing of my Application for Reinstatement, or I may hire a lawyer to represent me at the hearing, if I so choose. I also realize that at the hearing I may call witnesses, present documents and make whatever other representations at the hearing, the relevancy of which will be determined by the Board.

I UNDERSTAND AND FULLY APPRECIATE THAT **until such time as my Application is heard and a determination made by the Board, I continue to be excluded from the Casinos.**

THEREFORE, TAKE NOTICE THAT I request that my Application for Reinstatement be scheduled for a hearing, pursuant to s. 252(3) of the *Casino Regulations*.

DATED at _____, Nova Scotia, on _____,
20__.

Your Name: (Signature)

Print Name:

TO: Executive Director
Nova Scotia Alcohol and Gaming Division
P.O. Box 545
2nd Floor, Torrington Place
780 Windmill Road
Dartmouth, Nova Scotia
B2Y 3Y8

AND TO: Director of Investigation and Enforcement
Nova Scotia Alcohol & Gaming Division

Please note: This original document, along with 2 copies for the persons named above can be filed with the AGD either in person or by registered mail. Remember to keep a copy for yourself.

THE AGD IS NOT RESPONSIBLE FOR IMPROPERLY FILED OR INCOMPLETE APPLICATIONS, AND MAY REFUSE THEM UNTIL PROPERLY FILED AND/OR COMPLETED.

IN THE MATTER OF the Gaming Control Act, S.N.S. 1994-95, Ch. 4, and Regulations
as amended

-and-

IN THE MATTER OF

(Name:)_____

APPLICATION FOR REINSTATEMENT

OF

ACCESS TO THE CASINOS

TO:

Nova Scotia Alcohol and Gaming Division
PO Box 545
2nd Floor, Torrington Place
780 Windmill Road
Dartmouth, Nova Scotia
B2Y 3Y8

- Delivered in person
- Registered mail