

**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”) re-instated 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 Authority (hereinafter “the Authority”), 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 chose 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 chose. 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 Authority
 P.O. Box 545
 5th Floor - Alderney Gate
 40 Alderney Drive
 Dartmouth, Nova Scotia B2Y 3Y8

AND TO: Joseph X. Renzi, Director of Investigation and Enforcement
Nova Scotia Alcohol and Gaming Authority

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

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

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IN THE MATTER OF

(Name:) _____

APPLICATION FOR REINSTATEMENT

OF

ACCESS TO THE CASINOS

TO:

Nova Scotia Alcohol and Gaming Authority

P.O. Box 545

5th Floor, Alderney Gate

40 Alderney Drive

Dartmouth, N.S. B2Y 3Y8

Delivered in person or by registered mail