

# Notice of Appeal Form (NAF-HPA) – Health Protection Act

IN THE MATTER OF: An appeal pursuant to Section 85 of Chapter 4 of the Acts of 2021, the Health Protection Act (the Act).

Where an applicant or permit holder has received notification that an administrator has refused to grant or renew a permit or has suspended or revoked a permit, the permit holder may appeal to the Minister, by notice in writing, stating concisely the reasons for the appeal.

FURTHER: An appeal pursuant to Section 12(1) of the Food Safety Regulations (the Regulations), made under Section 105 of the Act.

A permit holder who appeals a decision of the Administrator under Section 85 of the Act must serve the Administrator with a notice of appeal accompanied by a non-refundable fee of \$246.52 no later than 30 days after the date they are advised of the Administrator's decision.

## Form Instructions/Submission

- complete all Parts of the form (below) and include any attachments
- make cheque payable to 'Minister of Finance' and include the subject line, "Payment for s.85 Health Protection Act - NAF - (name of Appellant here)"
- attach a cheque in the amount of \$246.52 or forward by mail to the address below. Mark the envelope - Attention: Appeal
- attach copy of decision being appealed and all supporting information
- send completed original form and attachments to:

Kenny M. MacAulay  
Administrator  
Nova Scotia Environment & Climate Change  
PO Box 442  
Halifax NS  
B3J 2P8

Alternatively: Send by email to:  
[Kenny.MacAulay@novascotia.ca](mailto:Kenny.MacAulay@novascotia.ca)  
(902) 424-2547  
Or via courier to:  
1894 Barrington Street, Suite 1800  
18th floor, Barrington Tower  
Halifax NS B3J 2A8

## Please Note

This form must be **completed in full** and attached to any submission or supporting information. Failure to submit the completed form and attachments may result in a delay in processing or the NAF-HPA being returned.

The NAF-HPA submission may be released to the owner, operator or permit holder. The Minister's decision letter, relating to the appeal at s.85 of the Health Protection Act, may be posted on the Department's website for public viewing. In the case of an individual, the address, email, or contact information will be removed before being placed on the website.

**Part 1. Appellant and Contact Information**

Name of Appellant:

Address:

Email:

Phone:

Fax:

If applicable,

Name of Solicitor:

Address:

Email:

Phone:

Fax:

**Part 2. Administrator's Decision**

The Appellant named herein pursuant to Section 85 of the Health Protection Act and Section 12 of the Food Safety Regulations appeals to the Minister the following Administrator's decision:

1. Date of Decision:

2. Name and title of Nova Scotia Environment & Climate Change staff who made decision:



Blank lined area for additional documentation or grounds of appeal.

Attach additional sheets if necessary. If attaching the ground(s) on a separate sheet, ensure all are numbered and clearly identified.

**Note: Attach all documentation required to support the ground(s) of appeal, including case law if relied upon.**

**Signature of Appellant:** (If a company – authorized signature required (Director, President, or Registered Agent) or letter signed by same authorizing appeal on behalf of the company.)

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

**Signature of Solicitor or other authorized person:** (if acting on behalf of Appellant include letter of authorization)

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

**DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**