

INDIVIDUAL REGISTRATION APPLICATION

INSTRUCTIONS (Read Carefully)

- INCOMPLETE OR IMPROPERLY COMPLETED FORMS MAY RESULT IN THE DELAY OF PROCESSING THE APPLICATION.
- IF SPACE PROVIDED ON THE FORM IS INSUFFICIENT, PLEASE USE A SEPARATE PIECE OF PAPER TITLED AND NUMBERED APPROPRIATELY.
- ALL APPLICATION FORMS MUST BE ACCOMPANIED BY A COMPLETED STATUTORY DECLARATION AND NOTICE AND CONSENT FORM.
- PLEASE PRINT OR TYPE YOUR RESPONSES.
- EACH STATEMENT MADE IN THIS APPLICATION IS SUBJECT TO VERIFICATION.
- IT IS A SERIOUS OFFENCE TO KNOWINGLY PROVIDE FALSE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENTS.
- INVESTIGATIVE COSTS WILL BE INVOICED FOR PROCESSING OF THIS APPLICATION.
- ALL APPLICANTS RESIDING OUTSIDE OF CANADA MUST SUBMIT A CURRENT CRIMINAL REFERENCE CHECK IN ORDER TO BE CONSIDERED FOR REGISTRATION.

THE COMPLETED APPLICATION AND ATTACHMENTS MUST BE DELIVERED TO:

NOVA SCOTIA ALCOHOL AND GAMING
Torrington Place, 2nd Floor
780 Windmill Road
P.O. Box 545
Dartmouth, NS
B2Y 3Y8
ATTENTION: DIRECTOR OF REGISTRATION
(902) 424-6023

Reason for Submitting Application: Please check one of the following:

- NSAGD/NSPLCC – Individual Application (s.25 - Oath & Affirmation required)
- ALC Supplier Registration – Individual Application (*Possible Exemption Section 15 with permission)
- Bingo Supplier License – Individual Application
- Gaming Related Supplier Registration – Individual Application
- Non-Gaming Related Supplier (over \$100k) Registration – Individual Application

INDIVIDUAL REGISTRATION APPLICATION

1. Corporate Data

Name of Company Applying for Gaming Related Supplier Registration _____	
<input type="checkbox"/> Director of Company	
<input type="checkbox"/> Officer of Company	
<input type="checkbox"/> Shareholder of Company	
<input type="checkbox"/> Employee of Company	Current Position _____

2. Identification Data

Last Name _____	Maiden Name (If applicable) _____
First Name _____	Middle Name (Not initials) _____
Give any other names & aliases you have used or by which you have been known _____	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Insurance/Social Security Number _____
Date of Birth (YYYY/MM/DD) _____	Place of Birth (City and Province) _____
Height _____	Hair Colour _____
Weight _____	Eye Colour _____
Current Address _____	City _____
Province, Country _____	Postal Code _____
Telephone Number (Daytime) _____	Telephone Number (Evening) _____
E-mail Address: _____	
Do you : <input type="checkbox"/> Own <input type="checkbox"/> Rent	Dates resided From _____ To _____
Name of Landlord or Mortgage Holder _____	
Address _____	City _____
Province, Country _____	Postal Code _____

3. Photo – Required, if accessing Casino Nova Scotia or upon request

4. Fingerprints - May be required

5. Residence Data

Provide the following information for each address at which you have resided for the past 5 years.

Previous Address _____ City _____

Province, Country _____ Postal Code _____

Telephone Number _____

Did you : Own Rent Live with Parent(s)/Guardian(s) Dates resided From _____ To _____

Name of Landlord or Mortgage Holder _____

Address _____ City _____

Province, Country _____ Postal Code _____

Previous Address _____ City _____

Province, Country _____ Postal Code _____

Telephone Number _____

Did you : Own Rent Live with Parent(s)/Guardian(s) Dates resided From _____ To _____

Name of Landlord or Mortgage Holder _____

Address _____ City _____

Province, Country _____ Postal Code _____

6. Marital Status

Married Single de facto relationship (Common-Law)

Details of Spouse/de facto partner _____

Spouse's Maiden Name (where applicable) _____ Date of Birth _____

Spouse's Place of Birth (town/city & country) _____

Occupation _____

Employer Name and Address _____

7. Passport and Travel Information - Complete the following for all passports held

Passport Number	Country	Place of Issue	Date of Issue	Date of Expiration
1.				

2.				
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Citizenship _____

List of other countries of which you are a citizen of for which you are entitled to hold passports:

State countries of which you have a right of residence and which are not included above:

Have you ever been deported from any country? If yes, provide details. Yes No

8. Employment Data

Are you legally eligible to work in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Beginning with your current job, provide the following information for each job you have held for the last 5 years. Give any dates of employment between jobs in proper sequence. If more space is necessary, please attach another sheet with details.

Position 1 _____

Job Title _____

Employed: From _____ To _____

Employer Name _____ Business Address _____

City _____ Province, Country _____

Postal Code _____ Telephone Number _____

Contact/Supervisor _____

Reason for Leaving _____

Position 2 _____

Job Title _____

Employed: From _____ To _____

Employer Name _____ Business Address _____

City _____ Province, Country _____

Postal Code _____ Telephone Number _____

Contact/Supervisor _____

Reason for Leaving _____

(c) Have you ever been discharged or asked to resign from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, on an attached sheet provide the following information for each occasion in which you were discharged or asked to resign:

- (1) Employer's name and address;
- (2) Date of discharge or resignation; and
- (3) Reason for discharge or resignation.

9. Ownership Interests

Have you ever held a significant ownership interest in a proprietorship, partnership, corporation or other business entity in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, on an attached sheet provide the following information:	
<ol style="list-style-type: none"> a) Name and address of business entity; b) Position held; and c) Dates position held (from - to) 	

10. Positions of Trust

Have you ever served as officer or director of a corporation or other business entity in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, on an attached sheet provide the following information:	
<ol style="list-style-type: none"> a) Name and address of business entity; b) Position held; and c) Dates position held (from - to) 	
Have you ever been a trustee in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, on an attached sheet provide the following information:	
<ol style="list-style-type: none"> a) Position held; b) Dates position held (from - to); c) Nature of trust or fund; and d) Income received. 	
Have you ever been refused a position as a trustee in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been removed from a position as a trustee in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to either above questions, on an attached sheet provide the following information:	
<ol style="list-style-type: none"> a) Position sought; b) Date position sought (from - to); and c) Reason(s) for refusal/removal. 	

11. License/Registration Certificates

Have you, or any business entity in which you hold or have an ownership interest, or serve or have served as officer or director, ever applied in any jurisdiction for any permit, license,	<input type="checkbox"/> Yes <input type="checkbox"/> No
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certificate or qualification in connection with gaming?	
If yes, on an attached sheet provide the following information: (1) Name and address of business entity, if applicable; (2) Name and address of licensing or other body; (3) Type of license/certification; (4) Date of application; and (5) Disposition of application (e.g. granted or denied).	
Have you, or any business entity in which you hold or have an ownership interest, or serve or have served as officer or director, ever had a license or registration certificate in connection with gaming refused, denied, suspended or revoked in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, or any business entity in which you hold or have an ownership interest, or serve or have served as officer or director, ever had a license or registration certificate other than those enumerated in the above questions, refused, denied, suspended or revoked in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a professional or occupational license or certification refused, denied, suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes for any of the above , on an attached sheet provide the following information: (1) Name and address of business entity, if applicable; (2) Name and address of licensing or other body; (3) Type of license or certificate; (4) Action taken (e.g. refused, denied, suspended or revoked); (5) Date action taken; and (6) Reasons.	

12. Criminal Proceedings, please answer all questions.

Note: The Canadian Human Rights Act and the Criminal Records Act provides protection with respect to convictions for an offence for which a pardon has been granted. In addition, the Young Offenders Act also protects a person who has been charged with or found guilty of an offence in respect of which he/she has, under the Act, been discharged absolutely or has completed all dispositions. If either of these situations apply, the applicant is under no obligation to disclose.

Have you ever been charged or convicted (including criminal matters that have been dismissed) with an Offence in any jurisdiction for which you have not been pardoned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the court outcome: (1) Outcome: Found Guilty; Not Guilty; Dismissed; and withdrawn. (4) Description of sentence; (2) Description of conviction or finding of guilt; (5) Name and address of Court; and (3) Date of conviction or finding of guilt; (6) Court file number (if available).	
Do you have any unpaid fines? Outstanding fines MUST be paid prior to registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount (if applicable) \$ _____
Has any business entity in which you hold or have held an ownership interest or server or have served as officer or director, ever been charged or convicted of a criminal offence for which a pardon has not been granted, in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If yes, on an attached sheet provide the following information for each conviction or finding of guilt:</p> <ol style="list-style-type: none"> (1) Name and address of business entity, if applicable; (2) Description of conviction or finding of guilt; (3) Date of conviction or finding of guilt; (4) Description of sentence; (5) Name and address of Court; and (6) Court file number (if available). 	
<p>Do you or any business entity in which you hold an ownership interest or serve as officer or director, have any charges pending in any jurisdiction?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, on an attached sheet provide the following information for each:</p> <ol style="list-style-type: none"> (1) Name and address of business entity, if applicable; (2) Description of charge; (3) Date of charge; (4) Name and address of Court; and (5) Court file number (if available). 	
<p>To the best of your knowledge, are any investigations being conducted in any jurisdiction on you, or on any business entity in which you hold an ownership interest or serve as officer or director?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Civil Proceedings

<p>Have you had a significant claim successfully made against you including any claim based in whole or in part on fraud, deceit, misrepresentation, breach of trust or similar conduct in the last 10 years in any jurisdiction?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, on an attached sheet provide the following information for each proceeding:</p> <ol style="list-style-type: none"> (1) Description of claim; (2) Names of other parties to the proceeding; (3) Outcome of proceeding; (4) Date of proceeding; (5) Name and address of Court; and (6) Court file number (if available) 	

14. Bankruptcy/Insolvency and Garnishment Proceedings

<p>Have you, or any business entity in which you hold or have held an ownership interest or serve or have served as an officer or director, ever been declared bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law in any jurisdiction?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, on an attached sheet provide the following information:</p> <ol style="list-style-type: none"> (1) Name and address of filing part; (2) Date petition filed; (3) Name and address of Court; and (4) Name and address of trustee. 	
<p>Have your wages, earnings or other income ever been subject to garnishment, attachment or other similar orders in any jurisdiction?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, on an attached sheet provide the following information:</p> <ol style="list-style-type: none"> (1) Nature and amount of the obligation; (2) Name and address of the holder of the obligation; (3) Name and address of Court; and (4) Court file number (if available). 	

15. Financial Data (*ALC Suppliers MAY qualify for an exemption of this requirement with permission) Complete the following Statement of Annual Income, based on most recent tax year.

STATEMENT OF ANNUAL INCOME	
SOURCE OF INCOME	AMOUNT
Salary/Wages	\$
Interest Income (from Investments)	\$
Other Income (describe in detail)	\$
Total Income	\$

Income Tax Returns - Income tax returns for the past 5 years must be made available upon request.
Complete the following STATEMENT OF ASSETS (*What you own*). Enter the amount as of the date of this statement.
Please specify if property is held in joint ownership and with whom.

TABLE A		STATEMENT OF ASSETS
Description		Cost/Investment
CURRENT ASSETS	Cash on Hand, Cash in Bank(s)	\$
INVESTMENTS	Stocks, Bonds, Shares, etc.	\$
	Business Investments, etc.	\$
	RRSP/RESP/RRIF/TFSA, etc.	\$
FIXED ASSETS	Real Estate - House(s), Land, etc.	\$
OTHER ASSETS	Vehicle(s), Campers, etc.	\$
		\$
		\$
TOTAL ASSETS		\$

Complete the following STATEMENT OF LIABILITIES (*What you owe*).
Enter the amount as of the date this application is signed.

TABLE B		STATEMENT OF LIABILITIES
Description		Amount
CURRENT LIABILITIES (Debts due and payable within 1 year)	Accounts Payable (Credit Cards, etc.)	\$
	Taxes Payable	\$
LONG TERM LIABILITIES (Debts due and payable in more than 1 year)	Note(s) Payable (Personal Loans)	\$
	Vehicle Loan(s)	\$
	Student Loan(s), Prov., Fed., & Personal	\$
	Mortgage(s), Line(s) of Credit, etc.	\$
OTHER LIABILITIES		\$
TOTAL LIABILITIES		\$

TABLE C STATEMENT OF NET WORTH		
Description	Table	Amount
TOTAL ASSETS (from Statement of Assets)	(A)	\$
TOTAL LIABILITIES (from Statement of Liabilities)	(B)	\$
NET WORTH - Indicate Negative (-) or Positive (+)	(A) - (B) = (C)	\$

Number of additional pages appended: _____

**Nova Scotia Alcohol and Gaming
Statutory Declaration and Notice and Consent**

I, _____, swear/solemnly declare that all of the answers provided in this application, as
(Printed Name of Applicant)
well as all of the information contained in the documents and materials submitted with it are, to the best of my knowledge and belief, true and complete.

In addition, as required by the Freedom of Information and Protection of Privacy Act:

In conformity with the Nova Scotia Gaming Control Act, in order to verify the information on this form and to determine eligibility for registration, it may be necessary for the Nova Scotia Alcohol and Gaming Division (the "Division") to collect and receive additional information from some or all of the following domestic and foreign sources: federal, provincial, state or municipal licensing bodies and police services, other law enforcement agencies, sheriffs' offices, the Registrar of Bankruptcy, credit bureaus, trust companies, banks, professional and industry associations, educational institutions, former and current employers and any government Department, Agency, Board or Division. The Division is required, under the Freedom of Information and Protection of Privacy Act, to protect the confidentiality of such information in its possession and control and to use the information only for purposes for which it is collected.

Information collected may be used and disclosed as follows:

1. To evaluate the applicant, and individuals and corporations identified in connection with the applicant, regarding their person, financial, business and criminal history, honesty and business integrity;
2. Information on the applicant, and on individuals and corporations identified in connection with the applicant, may be shared with Government officials who are assisting the Division in the evaluation of applicants for registration;
3. The Division may share information on the applicant, and on individuals and corporations identified in connection with the applicant, with other jurisdictions with which it makes formal agreements;
4. The Division may share information on the applicant, and on individuals and corporations identified in connection with the applicant, with law enforcement agencies for gaming-related investigations or clearances; and
5. To conduct ongoing personal history investigations, including checks for criminal charges outstanding and past criminal convictions or criminal records, during the entire course of the applicant's registration with the Division.

I agree to give the Division, as and when requested, any additional or written authorization that is required by the Division for the purposes of this application. I have read and understand the above notice, I hereby consent as or on behalf of the applicant to the direct and indirect collection of information by the Division and consent to the use and disclosure of this information as described in the above notice.

A public official who can answer questions about the collection and disclosure of information is:

Director of Licensing and Registration
Nova Scotia Alcohol and Gaming Division
Torrington Place, 780 Windmill Road
PO Box 545
Dartmouth, NS B2Y 3Y8

SWORN/SOLEMNLy DECLARED BEFORE ME at

(City/Town)

(Municipality)

(State/Province)

this _____ day of _____ 20____

Signature of Applicant

A Barrister, Solicitor, Commissioner of Oaths or Notary Public (Please use stamp or seal)