DISABLED ACCESS AND FACILITIES STATEMENT

Licensing (Scotland) Act 2005, section 20(2)(b)(iia)

Question 1

Disabled access and facilities

| 1(a) | Is there disabled access to the premises | YES | | |
|------------------------|--|-----|--|--|
| 1(b) | Do you have facilities for those with a disability | YES | | |
| 1(c) | Do you have any other provisions available to aid the use of the premises by disabled people | YES | | |
| *Delete as appropriate | | | | |

If you have answered Yes to any of the questions above please complete, as appropriate, the following sections.

Question 2

Disabled access to, from and within the premises

Please provide clear and detailed description of how accessible the premises are for disabled people. e.g. ramps, accessible floors, signage.

- Access to the premises is from street level
- The entrance doors are 1218mm wide at their narrowest points, and thus can accommodate patrons in wheelchairs

Question 3

Facilities available

All toilets are on the ground level.

| Please describe in detail | the facilities prov | vided for disable | ed people. e.g. | disabled toilets | , lifts, |
|---------------------------|---------------------|-------------------|-----------------|------------------|----------|
| accessible tables. | | | | | |

| • | All tables are moveable and thus may be arranged to facilitate patrons with mobility issues. |
|---|--|
| | |

Question 4

Other provisions

Please provide details of any other provisions made to aid the use of the premises by disabled people. e.g. assistance dogs welcome, large print menus.

- Assistance dogs are welcome on the premises
- Table service is available for patrons with mobility issues
- Members of staff are briefed and where necessary trained on assisting patrons with mobility issues in the event of an emergency evacuation.

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

If signing on behalf of the applicant please state in what capacity.

| The contents of this | disabled access a | nd facilities | statement a | are true to | the best o | f my k | nowledge |
|----------------------|-------------------|---------------|-------------|-------------|------------|--------|----------|
| and belief. | | | | | | | |

| Signature | * (see note below) |
|--|--------------------|
| Date | |
| Capacity AGENT | |
| Telephone number and email address of signatory. | |

* Data Protection Act 1998

The information on this form may be held on an electronic public register which may be available to members of the public on request."