

## PERTH AND KINROSS LICENSING BOARD.

Pullar House, 35 Kinnoull Street, Perth, PH1 5GD

## **SCHEDULE 6**

Regulation 7

# **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/NO*	
1(c)	Do you have any other provisions available to aid the use of the premises by disabled people	1/5/NO*	
*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 ARE LEVEL AND WHEEL CHAIR FRIENDLY,
PREMISES ARE LEVEL THROUGHOUT ALL INTERNAL AREAS,

# Question 3

# Facilities available

Please describe in detail the facilities provided for disabled people. e.g. disabled toilets, lifts, accessible tables.			
	DISABLED TULLETS. ASSISTANCE TOGS WELLOME.		
	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.		
	Please provide details of any other provisions made to aid the use of the premises by disabled		
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# 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 ac and belie	scess and facilities statement are true to the best of my knowledge
Signature	* (see note below)
Date 21 AUGUS	2019
Capacity	APPLICANT/AGENT
Telephone number and email ac	ddress 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