



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
1(c)	Do you have any other provisions available to aid the use of the premises by disabled people	YES
<i>*Delete as appropriate</i>		

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.

- Disabled access is at street level, provided via glass front door, with no ramp required.
- Front fire escape in case of emergencies.
- Direct ground floor access to disabled toilet facilities
- Low tables and table service to guests in wheelchairs.
- Tables at specific heights with movable chairs, so as to allow for guests in wheelchairs to sit.
- Signage will be in place for direction to toilets and fire exits.
- Television programmes will have subtitles and dogs are welcome.
- Table service will be provided to all guests.

Question 3

Facilities available

Please describe in detail the facilities provided for disabled people. e.g. disabled toilets, lifts, accessible tables.

- Disabled toilet facilities located on accessible ground floor area.
- Tables will be readily available

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.

- Personal assistance will be offered to assist anyone with any difficulties
- Subtitles will be provided for television screen

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 and facilities statement are true to the best of my knowledge and belief.

Signature * (see note below)

Date

Capacity APPLICANT/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