



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   | <del>YES</del> / <del>NO</del> * |
| 1(b)                          | Do you have facilities for those with a disability   | <del>YES</del> / <del>NO</del> * |
| 1(c)                          | Do you have any other provisions available to aid the use of the premises by disabled people | <del>YES</del> / <del>NO</del> * |
| <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.

THE PREMISES IS COMPLETELY STEP FREE, LAYOUT ON ONE LEVEL  
THE ENTRANCE IS FROM THE LEVEL OF THE STREET, DOOR WIDE  
FOR EASY WHEELCHAIR ACCESS.

### Question 3

#### **Facilities available**

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

SEPARATE DESIGNATED DISABLED TOILET WITH DOOR WIDE ENOUGH TO ACCOMMODATE WHEELCHAIR. SPACIOUS INSIDE FOR WHEELCHAIR USER ALLOWING MANOEVURING WHEELCHAIR. TOILET WITH DISABLE SUPPORT EQUIPMENT, SINK LOW FOR EASY ACCESS.

### Question 4

#### **Other provisions**

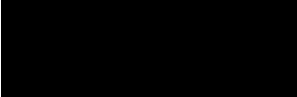
Please provide details of any other provisions made to aid the use of the premises by disabled people. e.g. assistance dogs welcome, large print menus.

- ASSISTANCE DOGS WELCOME
- PHYSICAL ASSISTANCE ALWAYS AVAILABLE WHEN NEEDED.

**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... 28.07.2020 .....

Capacity... APPLICANT ..... 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