



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

THERE ARE 2 DOORS INTO THE PREMISES BOTH DOORS HAVE 2 STEPS TO GET INTO THE PREMISES. IT IS ALL ONE LEVEL WHEN INSIDE. THE SHOP HAS A MIDDLE AISLE BUT THERE IS PLENTY OF ROOM ALL AROUND TO MOVE ABOUT EASILY.

**Question 3**

**Facilities available**

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

NONE

**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 \* WATER IS AVAILABLE IF NEEDED.

A CHAIR IS AVAILABLE ON REQUEST IF ANYONE WAS TO NEED ONE.

A FIRST AID BOX IS IN THE SHOP IF NEEDED.

THE STORE MANAGER HAS BEEN TRAINED IN 'DEMENTIA FRIENDLY'.

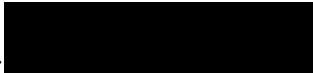
THE STORE MANAGER CAN USE FINGER SIGN LANGUAGE

FOR DEAF OR HARD OF HEARING CUSTOMERS.

**DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT**

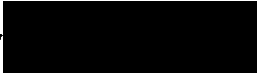
**If signing on behalf of the applicant please state in what capacity.**

The contents of this disabled access and facilities statement are true to the best of my knowledge and belief.

Signature.....  ..... \* (see note below)

Date..... 7 - 10 - 20 .....

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