



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
*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 is a ramp providing disabled access at the front of the property. The ramp is an alternative no step option to using the front door. The entrance is provided via a side door to the property on the same level with complete step free access provided. This provides access to all ground floor facilities, including disabled access bedrooms and public areas such as restaurant, bar and disabled toilets.

Question 3

Facilities available

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

There is a fully accessible disabled toilet on the ground floor for ease of use for anybody requiring this facility. There is an emergency cord facility installed in this toilet.

There are also 2 disabled access bedrooms located on the ground floor. Each of these provides disabled toilet and shower facilities with emergency cord facility also.

Question 4

Other provisions

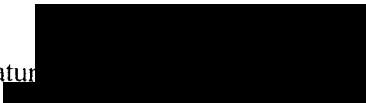
Please provide details of any other provisions made to aid the use of the premises by disabled people. e.g. assistance dogs welcome, large print menus.

Guide dogs are welcomed.

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..... 18/12/14

Capacity..... Agent..... 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