



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> / NO*
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	<del>YES</del> / NO*
<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.

**Question 3**

**Facilities available**

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

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(Lic. and (Regional) Act 2005, section 20(2)(b))

**Question 4**

**Other provisions**

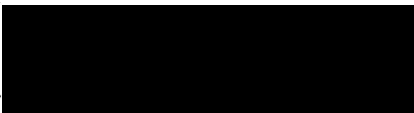
Please provide details of any other provisions made to aid the use of the premises by disabled people. e.g. assistance dogs welcome, large print menus.

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

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

Date..... 11/11/20 .....

Capacity..... OWNER/PREMISES MANAGER ..... 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