



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.

###### **APPROACH**

- Train station in Pitlochry
- Car park on site with dedicated disabled parking spaces

###### **ENTRANCES**

- The main reception has level access from the street or ramps from the car park.
- The retail space has level access and function rooms have access via ramps.

###### **SIGNAGE**

- Clear and legible signage throughout.

**Question 3****Facilities available**

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

Visitor WCs are provided in reception area, retail and function rooms.

All counters and tables within the experience, retail and hospitality areas are designed to feature accessible sections in accordance with Scottish Building Standards.

**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.

**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.

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

Date .....

Capacity ..... 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.