



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.

The shop and café access is from a concrete parking area through the front door. There is a slight angled access, wide enough for access with wheelchairs and those with physical disabilities. Cars can be parked for free in front of the Shop with level access to the front door over concrete.

### **Question 3**

#### **Facilities available**

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

The shop and café are one area and have level floors with fully accessible disabled toilet facilities at the back. This toilet also has baby changing facilities.  
There is plenty of space for disabled access in and around the shop and café, the floor is level throughout.

### **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.

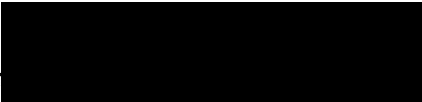
Trained assistance dogs are welcome into the shop and café.

Café customers have a range of dietary items to choose from but, if notice is given, all dietary needs can be catered for.

**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 ..... 15/11/22 .....

Capacity ..... DIRECTOR ..... ~~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