



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> *YES
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.

ACCESS TO THE PREMISES IS AVAILABLE VIA ONE MAIN ENTRANCE DOOR FROM THE HIGH ST.

THE DOORWAY WIDTH IS WHEELCHAIR ACCESSIBLE.

THE PREMISES IS ONE LEVEL FLOORING SURFACE THROUGHOUT THE SITE.

THERE IS SUITABLE SPACE WITHIN THE PREMISES TO ACCOMMODATE WHEELCHAIRS & CUSTOMERS WHO MAY HAVE MOBILITY CHALLENGES.

### Question 3

#### **Facilities available**

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

THE SERVING COUNTER CAN BE ACCESSED BY WHEELCHAIR USERS.

### Question 4

#### **Other provisions**

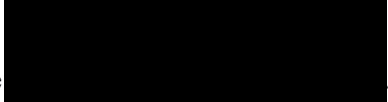
Please provide details of any other provisions made to aid the use of the premises by disabled people. e.g. assistance dogs welcome, large print menus.

ASSISTANCE IS OFFERED TO ALL CUSTOMERS WHEN THEY ENTER THE PREMISES IRRESPECTIVE OF WHETHER THEY HAVE A DISABILITY OR NOT.  
ALL STAFF ARE TRAINED TO IDENTIFY THOSE WHO MAY APPEAR TO REQUIRE SUPPORT OR ASSISTANCE

**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..... 26/3/2023 .....

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