



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	<input checked="" type="radio"/> YES <input type="radio"/> NO*
1(b)	Do you have facilities for those with a disability	<input checked="" type="radio"/> YES <input type="radio"/> NO*
1(c)	Do you have any other provisions available to aid the use of the premises by disabled people	<input checked="" type="radio"/> YES <input type="radio"/> NO*
*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.

ALL DOORWAYS HAVE BEEN MADE TO FIT A WHEELCHAIR THROUGH. ALL AREAS OF THE RESTAURANT/CAFE AND TAKEAWAY AREA ARE FLAT. WITHIN THE MARQUEE WE HAVE PROVIDED RAMP'S WHERE THERE IS A CHANGE IN FLOOR LEVEL. ALL RAMP'S GRADIENTS CONFORM TO THE CORRECT AND APPROPRIATE MEASUREMENTS. ALL FIRE EXITS ARE ACCESSIBLE TO DISABLED PEOPLE AND SIGNAGE IS CLEAR AND LIT.

Question 3

Facilities available

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

WE HAVE TWO DISABLED TOILETS ON THE PREMISES, EACH WITH CLEAR ACCESS.

ALL OUR TABLES ARE ACCESSIBLE TO WHEELCHAIRS

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.

WE ALLOW ASSISTANCE DOGS INTO THE PREMISES

WE HAVE OPEN AREAS WITHIN THE BAR FOR THE SAFE POSITIONING OF ANYONE USING A WHEELCHAIR.

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..... *2 May 2018*

Capacity..... *Applicant.* 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