



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	YES / <del>NO</del> *
1(c)	Do you have any other provisions available to aid the use of the premises by disabled people	YES / <del>NO</del> *
<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.

Whole ground floor and external area accessible  
Access ramp to premises  
Accessible floors within the premises by way of platform lifts within premises [stanna low rise]  
Appropriate signage and information on web site  
Staff trained to assist

### **Question 3**

#### **Facilities available**

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

Disabled toilets in ground floor of premises and salon area  
Accessible tables, reception desk and bar [lowered counters with knee spaces]  
Disabled bedroom with accessible shower etc on ground floor  
Hearing loop at reception  
External areas all accessible  
Staff all trained to assist disabled persons

### **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  
large print menus  
fire alarms flash and strobe  
red light in disabled bedroom toilet to indicate if fire alarm sounds

**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.....

Capacity..... 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