

SCHEDULE 6

Regulation 7

DISABLED ACCESS AND FACILITIES STATEMENT

Licensing (Scotland) Act 2005, section 20(2)(b)(ia)

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.

- Access to the premises is from a level surface.
- The entrance door features an assistance bell positioned at a low level for a disabled person to summon help if necessary.
- There is little in the way of fixed furniture meaning that furniture can be moved and arranged to facilitate disabled access .
- There is car parking immediately adjacent to the premises.
- Please note there is no lift to the first floor.

Question 3

Facilities available

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

- Staff will be trained on disability awareness. Owing to the small number of guests, staff will be on hand to assist with any difficulties.
- When taking a booking staff will ask if guests have any special requirements and will discuss how the hotel can meet those requirements.

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 are welcome and water will be provided.

DECLARATION BY APPLICANT OR AGENT ON BEHALF OF APPLICANT

If signing on behalf of the applicant please state in what capacity.

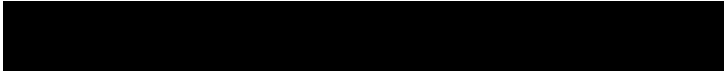
The contents of this disabled access and facilities statement are true to the best of my knowledge and belief.

Signature  * (see note below)

Date 08/02/2021

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.”