

PERTH AND KINROSS LICENSING BOARD,

Pullar House, 35 Kinnoull Street, Perth,

SCHEDULE 6



PH1 5GD

Regulation 7

DISABLED ACCESS AND FACILITIES STATEMENT

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

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	<del>YES /</del>
1(c)	Do you have any other provisions available to aid the use of the premises by disabled people	<del>YES /</del> 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.

OUR CAFE ENTRANCE IS THE ONLY ACCESS TO OUR BUILDING. DOOR ENTRANCE IS WIDE ENOUGH FOR A WHEELCHAIR USER. ALL TABLES ACCESSIBLE BY WHEELCHAIR. AS OUR CAFE IS STAFFED AT ALL TIMES WITH TWO - HELP IS ALWAYS TO HAND TO CREATE SUFFICIENT SPACE. ACCESS TO TOILET IS FREE. THE BUILDING IS LISTED AND IMPROVEMENTS OLD - HOWEVER, WE HAVE MADE IT AS ACCESSIBLE AND WHEELCHAIR FRIENDLY AS IS PRACTICALLY POSSIBLE.

Question 3

**Facilities available**

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

OUR PREMISES HAS ACCESSIBLE TABLES AND AN ACCESSIBLE TOILET.  
OUR STAFF ARE FULLY TRAINED TO THE HIGHEST STANDARD TO HELP,  
WITH SPECIAL ATTENTION, CUSTOMERS AND CLIENTS WITH DISABILITIES AND OR  
MOBILITY DIFFICULTIES.

**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.

GUIDE DOGS ARE VERY WELCOME (INCLUDING OTHER ASSISTANCE) DOGS.

**DECLARATION BY APPLICANT [REDACTED] ON BEHALF OF APPLICANT**

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

[REDACTED]

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

Signature [REDACTED]

\*(see note below)

Date 25/08/21

Capacity CO-OWNER  
/ PREMISES MANAGER

APPLICANT/ ~~XXXXXX~~

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