



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   | <i>YES</i> |
| 1(b)                          | Do you have facilities for those with a disability   | <i>NO</i>  |
| 1(c)                          | Do you have any other provisions available to aid the use of the premises by disabled people | <i>YES</i> |
| <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.

Level Access to premises through main 1500cm wide front door.

Level Access to all Public Areas on Ground Floor, including unisex customer toilet & baby changing.

No Level Access or lift to second customer toilet in basement.

### **Question 3**

#### **Facilities available**

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

Wheelchair access to ground floor customer toilet is limited by existing 710cm wide interim doorway.

### **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 (all) dogs welcome in both daytime deli/cafe and evening restaurant

Staff have undertaken Equalities Training.

**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 7<sup>th</sup> November 2023

Capacity Premises Manager

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