



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

Access to the store is on one level.
An automated door is provided.
The shop floor is on one level with adequate space for wheelchair users throughout

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Question 3

Facilities available

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

<p>The till points are at a height that is suitable for customers in wheelchairs</p> <p>The store has a hearing loop system installed and maintained for the hard of hearing</p> <p>The store is well lit throughout</p> <p>The store, including external areas, that are customer accessible are well lit</p>
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Question 4

<p>Assistance dogs are welcome in all our stores</p> <p>The Co-op and its colleagues strive to offer excellent customer service to disabled customers by assisting them where necessary during their visit to our store.</p> <p>The Co-op aims to meet the AA standards in the Web Content Accessibility Guidelines for its online services</p>


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.

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..... 21/08/2025

Capacity..... Specialist – Licensing Services 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