



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 / ██████████ *
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.

1. The property is accessed via the main door on Comrie Street, with easy access to the auditorium, bar area and accessible toilets without steps or ramps from street level.
2. The mezzanine area is accessed from the auditorium via a straight stair lift.

Question 3

Facilities available

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

1. Accessible Unisex Toilet, accessed without ramp from auditorium and street level.
2. Straight Stair Lift to Mezzanine Level. Audio Frequency Induction Loop (AFIL) for assistive listening within the auditorium, connected to PA system, it operates during the vast majority of performances.
3. Portable hearing loop sets available for 1 to 1 or group meetings and conferences, for assisted listening.

Question 4

Other provisions

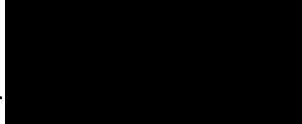
Please provide details of any other provisions made to aid the use of the premises by disabled people. e.g. assistance dogs welcome, large print menus.

1. Dedicated auditorium space for wheelchairs etc at events (upon request)
2. Assistance Dogs welcomed at events.
3. We regularly offer 'relaxed' film screenings, for those with autism or other sensory sensitivities.

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 .. 27 August 2025

Capacity..... **BARRY HARGRAVE** APPLICANT/

TRUSTEE AND TREASURER

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