



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.

Step-free entry is available to the rear of the property and there is that ability to move tables and chairs to create space.

Question 3

Facilities available

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

We cater for disabled customers by offering a range of facilities including accessible toilet with grab rails. App-based ordering to save travel to the bar and we welcome manual wheelchairs and mobility scooters.

We also offer support to visually impaired customers through “Good Food Talks” partnership for mend and have widely the “Not Every Disability is Visible” signs to acknowledge hidden conditions.

Trained guide dogs and also assistance dogs with accredited training from Assistant Dogs UK (ADUK) member organisations are welcome throughout the premises.

The Company includes disability awareness training in its staff induction and has a policy on supporting customers with disabilities, ensuring a more inclusive environment.

Question 4

Other provisions


N/A

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. - AS ABOVE

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 07.10.2025

Capacity APPLICANT

Telephone number and email address of signatory: Phone: 

E-mail: 

*** 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