Licensing (Scotland) Act 2005 Section 20(2)(b)(iia)

DISABLED ACCESS AND FACILITIES STATEMENT

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 premisesPlease provide a clear and detail description of how accessible the premises are

for disable people. E.g. ramps, accessible floors, signage.			

Question 3

Please describe in detail the facilities provided for disabled people e.g. disabled toilets, lifts, accessible tables.				
Question 4				
Other provisions				
Please provide details of any other provisions made to aid the use of the premises by disable people e.g. assistance dogs welcome, large print menus.				
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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	
Capacity appropriate)	APPLICANT/AGENT (delete as
Telephone number and email addres	ss 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.