

- 19 GREENFERN PLACE, ABERDEEN

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.

1A - REMOVABLE RAMP TO FRONT DOOR WHICH HAS SMALL (60MM) STEP.  
1B - LOWERED DDA SECTION TO SERVICE COUNTER. (ACCESSIBLE)

**Question 3**

**Facilities available**

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

REFER TO QUESTION 2

**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.

N/A

**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 23/7/25.....

Capacity AGENT..... 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."