

SCHEDULE 6 Regulation 7
 DISABLED ACCESS AND FACILITIES STATEMENT
Licensing (Scotland) Act 2005, section 20(2)(b)(ia)

Question 1

Disabled access and facilities

1(a)	Is there disabled access to the premises	YES / <input type="checkbox"/> NO*
1(b)	Do you have facilities for those with a disability	YES / <input type="checkbox"/> NO*
1(c)	Do you have any other provisions available to aid the use of the premises by disabled people	YES / <input type="checkbox"/> 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.

The retail premises are situated on the ground floor of the premises, and access is taken via the front door on to Union Street.

The premises will operate as a retail store with occasional on-sale offerings.

In terms of facilities for those with disabilities, the main entrance to the premises is situated on the ground floor, and would be wheelchair accessible from the street.

There are four stairs within the retail area, leading to the rear of the premises, and a stair lift for the use of wheelchairs is to be installed.

Question 3

Facilities available

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

Assistance dogs are welcome

Internal wheelchair lift

Accessible toilet on ground floor level

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.

Assistance dogs are welcome

Internal wheelchair lift

Accessible toilet on ground floor level

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 [REDACTED] * (see note below)

Date 08 October 2025.....

Capacity Agent..... APPLICANT/AGENT

Telephone number and email address of signatory [REDACTED]

[REDACTED] **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.”