

# DISABLED ACCESS AND FACILITIES STATEMENT

CLOVER CORNER LIMITED

## **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	NO
1(c)	Do you have any other provisions available to aid the use of the premises by disabled people	NO
<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.

THERE IS ACCESS FOR NON AMBULANT DISABLED

## **Question 3**

### **Facilities available**

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

NONE

## **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 WELCOME  
STAFF TRAINED TO HELP AMBULANT AND NON AMBULANT DISABLED





**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.....05/03/2025

Capacity Off sales 153.12 sq m (APPLICANT.)

**\* 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.

