

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 / <input checked="" type="checkbox"/> *
1(b)	Do you have facilities for those with a disability	YES / <input checked="" type="checkbox"/> *
1(c)	Do you have any other provisions available to aid the use of the premises by disabled people	YES / <input checked="" type="checkbox"/> *

If you have answered Yes to any of the questions above please complete, as appropriate, the following sections.

Question 3

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 Rosemount Place.

The front doors are automatic sliding doors and do not need to be pushed open manually

There are two small steps leading into the premises, with supporting handrails on either side. The staff are usually attentive to customers approaching the shop, and can assist with any wheelchair users as required. There is also a side door, giving level access into the premises if required.

There are no stairs within the retail area.

The premises will operate as a retail butcher's store

Question 3

Facilities available

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

There is an accessible door to the side of the premises giving stair -free access as required.

Assistance dogs are welcome

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.

Staff trained in supporting customers with particular requirements.

Assistance dogs are welcome

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 30 November 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."