

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 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.

<p>The retail premises are situated on the ground floor of the premises, and access is taken via the front door on to Rosemount Place</p> <p>The front doors are automatic sliding doors and do not need to be pushed open manually</p> <p>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.</p> <p>There are no stairs within the retail area,</p> <p>The premises will operate as a retail butcher's store</p>
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### **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."