

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 restaurant is situated on the first floor of the premises. Access is taken via an internal staircase or via a passenger lift.</p> <p>The convenience store on the ground floor is wheelchair accessible and staff will be trained in supporting those with disabilities.</p>

Question 3

Facilities available

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

The upper floor restaurant is accessed by a compliant passenger lift

Disabled toilet facilities are available.

There will be a number of accessible tables and seating can be arranged to accommodate the different requirements of the customer.

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.

Large print menus can be made available

Assistance dogs are welcome

Staff will be trained in supporting those with disabilities.

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 26 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."