

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 <input checked="" type="checkbox"/>
1(b)	Do you have facilities for those with a disability	YES / <input checked="" type="checkbox"/> NO <input 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"/> NO <input type="checkbox"/>

**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 restaurant is situated on the first floor of the premises, and access is taken via an internal staircase. There is no capacity for a lift within the premises.

The premises currently operate as a restaurant on this basis.

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, for those collecting takeaway meals.

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

Large print menus can be made available

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

Large print menus can be made available

Staff are trained in disability awareness

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 15 December 2025.....

Capacity Agent APPLICANT/AGENT

Telephone number and email address of signatory [REDACTED]

*** 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."