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 / NO\* |
| 1(b) | Do you have facilities for those with a disability | YES / NO\* |
| 1(c) | Do you have any other provisions available to aid the use ofthe premises by disabled people | YES / NO\* |
| *\*Delete as appropriate* |

If you have answered “Yes” to any of the questions above please complete, as appropriate, the following sections. Continue on a separate sheet if necessary.

**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 i.e. ramps, accessible floors, signage.

**Question 3**

**Facilities available**

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

**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.

**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** ……………………………….

Capacity ……………………………………………………………... APPLICANT/AGENT

Telephone number and email address of signatory……………………………………

……………………………………………………………………………………….

\* 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.