

## 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 / 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 of the 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.

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 PREMISES, WHICH HAVE CLEAR SIGNAGE, ARE PRINCIPALLY ON THE GROUND FLOOR, WITH NO STEPS BETWEEN THE PAVEMENT AND THE INTERIOR OF THE PREMISES. THE UPPER FLOOR, HOWEVER, CAN BE ACCESSED ONLY BY A STAIRCASE.

Question 3**Facilities available**

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

THE TABLES ARE ALL EASILY ACCESSIBLE. DISABLED CUSTOMERS ARE HELPED BY CARING STAFF.

THERE ARE NO DISABLED TOILETS WITHIN THE PREMISES (AND THE APPLICANT HAS BEEN ADVISED THAT THE LAYOUT OF THE B-LISTED BUILDING OF WHICH THE PREMISES FORM PART IS SUCH THAT A DISABLED TOILET COULD NOT BE ACCOMMODATED), BUT THERE ARE DISABLED TOILETS JUST ACROSS THE (PEDESTRIANISED) ROAD, IN THE PAISLEY CENTRE.

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.

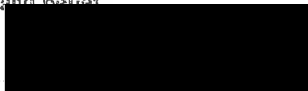
ASSISTANCE DOGS ARE WELCOME.

ANYONE WITH IMPAIRED VISION WILL BE HELPED BY CARING STAFF.

**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 ..... ~~13th August 2018~~ 22/1/2019

Capacity ..... AGENT ..... 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.

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