Licensing (Scotland) Act 2005
Section 20(2)(b)(iiia)

DISABLED ACCESS AND FACILITIES STATEMENT

Question 1

Disabled Access and Facilities

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>YES/NO*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(a)</td>
<td>Is there disabled access to the premises</td>
<td></td>
</tr>
<tr>
<td>1(b)</td>
<td>Do you have facilities for those with a disability</td>
<td></td>
</tr>
<tr>
<td>1(c)</td>
<td>DO you have any other provisions available to aid the use of the premises by disabled people</td>
<td></td>
</tr>
</tbody>
</table>

*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 a clear and detail description of how accessible the premises are for disable people. E.g. 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 disable 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 (delete as appropriate)
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.