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.

# Question 3

**Facilities available**

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

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# 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 2018

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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