

EXHIBIT 16 Eating Establishment Questionnaire

Government of the District of Columbia
DEPARTMENT OF BUILDINGS
Office of Zoning Administration

EATING ESTABLISHMENT QUESTIONNAIRE

As per 11 DCMR A-301.2, please complete the following information regarding the Eating Establishment use, whether existing or proposed, in order to verify the correct zoning category, as set forth in 11 DCMR B-100.2 for Restaurant, Fast Food Restaurant or Prepared Food Shop use definitions. Please print legibly in ink, or type and complete the following questions; add explanation if needed to clarify the proposal. Please note that cross outs or the use of white out VOIDS this form. The information in this form must be consistent with the proposed plans and scope of work.

Address: 1382 East Capitol Street, NE

Name of Business: Della Barba Pizza

Applicant Name: Joseph Barber

Date April 4, 2025

Permit Number: Proposed-to-be determined

I. Does the proposed or existing Eating Establishment include food that is (check box):

	Yes	No
a. Prepared and served very quickly?		X
b. Typically made of preheated or precooked ingredients?		X
c. Typically assembled and heated by microwave, heating lamps, or toaster?		X
d. Served to the customer in packaged form for possible carry out/take away? ➤ If "yes", state the expected percentage of carry-out sales: 35%	X	
e. Prepared by production line techniques?		X
f. Standardized foodstuffs shipped to a franchised establishment from central locations?		X
g. Served in or on disposable tableware?		X

II. Other Facility, Operation, and Equipment Characteristics:

	Yes	No
h. If the answer to "g" above is "no", is there an automatic dishwasher for cleaning customers' tableware present or proposed in the kitchen's floor plan? ➤ If there is no automatic dishwasher, explain further: _____ _____ _____	X	
i. Is customer seating provided for on-premises dining? ➤ If "yes", state the number of indoor customer seats: 16	X	
j. Are trash receptacles located in the dining area for self-bussing of tables?		X

k. Any delivery service? ➤ If “yes”, state the expected percentage of sales: 15%	X	
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	Yes	No
l. Any catering service? ➤ If “yes”, state the expected percentage of catering sales: _____ %		X
m. Is there a drive-through service window?		X
n. For establishments principally devoted to the sales of prepared food, non-alcoholic beverages, or cold refreshments (such as sandwich or coffee shops, or ice cream parlors), provide the following information: (i) Check all that apply: <div style="margin-left: 40px;"> X Microwave X Oven Grill Fryer Exhaust hood </div> (ii) Describe all other cooking or heating equipment involved in food preparation: induction plate <hr/> <hr/>		

If checked by staff, please provide the following:

A complete floor plan. Show all floors; label kitchen, storage, seating and assembly areas.

Photographs of the interior including the kitchen, dining area, assembly areas, queuing area, dishwasher, food-prep area, seating area & dumpsters.

A copy of the menu, carryout menu & catering menu, if applicable.

An equipment schedule and clearly label/identify each piece of equipment on the corresponding floor plans.

Signature of Applicant: Jospeh Barber

Name

April 4, 2015

Date

Phone Number: 202-802-1880.

Email Address: Jospheh.barber@gmail.com

Please check: Agent _____ or Owner X

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Address: _____

For Staff Use ONLY:

Zone: _____

Neighborhood Mixed-Use (NU) Zone compliance with 25% limitation:

11 DCMR H- 1.3(b): _____ ground floor linear street frontage of subject establishment

Mixed-Use Uptown Arts Zone compliance with 50% limitation:

11 DCMR K-811.9: _____ ground floor linear street frontage of subject establishment

Complies ☐ *or* *Not Applicable*

I have reviewed the completed Eating Establishment Questionnaire, and supporting information if supplied, and have determined, under the applicable zoning definitions, that this Establishment is defined as:

_____ **Restaurant**

_____ **Fast Food Restaurant**

_____ **Prepared Food Shop** [Note: Limit of 18 seats in MU-3, MU-4, MU-D,
U MU- and MU-N]

_____ **Food Delivery Service**

_____ **Catering Establishment**

_____ **Other:** _____

Zoning Administrator/Deputy/ Engineer Name

Date

