



## **CREDIT/DEBIT CARD PAYMENT** **AUTHORIZATION FORM**

Dear Gem Show Vendor:

We would like to take this opportunity for you, the vendor, to pay your **2024 Dealer Trade Show License fee of \$28.00 in advance - please fill out and email it back to us.** This is to minimize any disruption of business for exhibitors during the show. You also have the option of paying online at <https://www.tucsonaz.gov/finance>; you will have to print your receipt as that will be used as your temporary license for this year's event. **If you are located at different shows, you will be required to pay \$28.00 for each location.**

Pursuant to Chapter 19 of the Tucson City Code, all Gem & Mineral Show participants are required to obtain a "Dealer Trade Show" license. The fee is \$28.00 for each location, each dealer.

"All dealers...will be required to purchase a Dealer Trade Show License. Dealers include...those who are displaying merchandise in conjunction with materials used to advertise or solicit sales, such as business cards, order forms and catalogs, even if orders are not taken nor goods sold at the show. Dealers who sell merchandise of any kind, including magazine subscriptions and tools, or provide services, such as appraisal, will also need a license. Sales need not be exclusively of gems or jewelry to necessitate purchase of a license.

The only situation in which a dealer who sells or solicits sales of merchandise will not be required to purchase a license will be where the business enterprise has a current tax-exempt status under Section 501(c) of the Internal Revenue Code. If this applies to your company, please give a copy of 501 (c) to the promoter or e-mail it to [tax-investigations@tucsonaz.gov](mailto:tax-investigations@tucsonaz.gov).

### **Please Provide the Following Information:**

Business Name: \_\_\_\_\_  
Business Owner: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
Name of Show(s): \_\_\_\_\_  
Booth/Space #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### **Payment by Credit/Debit Card:**

Card Type:     Visa     Mastercard     Discover     American Express

Name on Card: \_\_\_\_\_                      Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_    Card Code (3-4 digits): \_\_\_\_\_    Amount to be charged: \$ \_\_\_\_\_

Billing Street Address: \_\_\_\_\_                      City, State, Zip Code: \_\_\_\_\_

Please contact our office at (520)791-4247 if you have any questions.