



SOBOBA TRIBAL GAMING COMMISSION

Division of Backgrounds and Licensing

PO Box 610 * San Jacinto, CA 92581 * (951) 665-1000 * Fax (951) 487-0042

LICENSE REPLACEMENT PAYROLL DEDUCTION FORM

I, _____, authorize Soboba Casino to deduct via payroll deduction, the amount of \$25.00 for the replacement of my license.

I understand this amount will be taken out of one (1) payroll check. I also understand that if for any reason Soboba Casino no longer employs me, the amount will be taken out of my final check.

The purpose of this deduction is for the replacement of my license which has been lost or stolen.

Licensee's Signature: _____ Date: _____

License #: _____ Employee #: _____

B&L Representative's Signature: _____ Date: _____

Payroll Deduction Entered By: _____

23333 Soboba Road * San Jacinto, CA 92583

