



**SOBOBA TRIBAL GAMING COMMISSION**  
**PO Box 610 \* San Jacinto, CA 92581 \*Phone (951) 665-1000 \* Fax (951) 487-0042**

**GAMING LICENSE RENEWAL  
PAYROLL DEDUCTION FORM**

I \_\_\_\_\_ authorize Soboba Casino to deduct my gaming license renewal fee in the amount of \$25.00 from my payroll check via payroll deduction.

I understand that, if for any reason, Soboba Casino no longer employs me, the amount due will be taken out of my final check.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gaming License #: \_\_\_\_\_ Employee #: \_\_\_\_\_

Gaming Commission: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Deduction Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

